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Special Plans and Operations

Assessment of DOD Wounded Warrior Matters - Fort Sam Houston

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INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
400 ARMY NAVY DRIVE
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March 17, 2011

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Assessment of DOD Wounded Warrior Matters – Fort Sam Houston
(Report No. SPO-2011-004)

We are providing this report for review and comment. The report discusses the U.S. Army's Warrior Care and Transition program located at Fort Sam Houston, Texas. It is the first in a series of reports that will discuss our assessment results concerning the care, management, and transition of recovering Service members at Warrior units.

We considered comments from the Commanding General, Brooke Army Medical Center when preparing the final report. Some of these comments were partially responsive; therefore, we request additional comments on Recommendations B1.c., B2.c., C1.c.(1)-(2), and C1.d(1)-(6) by April 29, 2011.

DoD Directive 7650.3 requires that all recommendations be resolved promptly. If possible, send a .pdf file containing your comments to the point of contact listed below. Copies of your comments must have the actual signature of the authorizing official for your organization. We are unable to accept the /Signed/ symbol in place of the actual signature. If you arrange to send classified comments electronically, you must send them over the SECRET Internet Protocol Router Network (SIPRNET).

We appreciate the courtesies extended to the staff during the conduct of this assessment. Please direct questions to Dr. Elias G. Nimmer at (703) 604-9114 (DSN 664-9114), elias.nimmer@dodig.mil.

Kenneth P. Moorefield
Deputy Inspector General
Special Plans and Operations

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Results in Brief: Assessment of DOD Wounded Warrior Matters – Fort Sam Houston

What We Did

We determined whether the programs for the care, management, and transition of Warriors in Transition (hereafter, "Warriors") at the Brooke Army Medical Center (BAMC) Warrior Transition Battalion (WTB), located at Fort Sam Houston, Texas, were managed effectively and efficiently. Specifically, we evaluated the policies and processes in place to assist Warriors with their return to duty status or transition to civilian life, and the DOD programs for Warriors affected with Traumatic Brain Injury and Post Traumatic Stress Disorder.

What We Found

We interviewed a myriad of BAMC staff, WTB cadre, and 131 U.S. Army Warriors. We identified several initiatives implemented at the BAMC WTB that we believed to be noteworthy practices for supporting the comprehensive care, healing, and transition of Warriors. Further, we observed that the BAMC and WTB management and staff were fully dedicated to providing the best available care and services for helping Warriors heal and transition.

We also identified a number of significant challenges that we recommend the BAMC and WTB management address, which if resolved, will increase program effectiveness.

Finally, we recognized that it was important to give a voice to the Warriors themselves. We suggest that the BAMC and WTB management and staff consider Warrior comments, as discussed in this report, so they are cognizant of the Warriors' views and concerns and can take appropriate action.

What We Recommend

We recommend that the BAMC WTB management:

- Ensure timely access to specialty care
- Develop an operational definition of a successful transition end state for Warriors in Transition
- Ensure that Warriors meet the eligibility criteria for entry into the WTB
- Develop procedures to ensure that Warrior Comprehensive Transition Plans are beneficial and protected
- Ensure that unit organization supports Warrior healing and transition
- Develop a more effective method for determining patient case loads for primary care managers, nurse case managers, and squad leaders
- Assess WTB unit order and discipline
- Develop comprehensive training programs for nurse case managers, pharmacy staff, and squad leaders

"…let us strive on to finish the work we are in…to care for him who shall have borne the battle."
Abraham Lincoln

Management Comments and Our Response

The Commanding General, Brooke Army Medical Center, also responding on behalf of the Commander, Warrior Transition Battalion, generally concurred with all of the recommendations. We commend the Commanding General and his staff for proactively implementing corrective actions for many of the recommendations, and agreeing to take additional actions within the next several months. However, for a few of the recommendations, we request that the Commanding General provide additional comments to the final report by April 29, 2011. Please see the recommendations table on the back of this page.

Recommendations Table

Management	Recommendations Requiring Comment	No Additional Comments Required
Commanding General, Brooke Army Medical Center	B1.c. B2.c.	B1.a.(1), B1.a.(2) B1.b.(1), B1.b.(2) B2.a. B2.b. B2.d.(1), B2.d.(2), B2.d.(3), B2.d.(4) B2.e. B2.f.(1), B2.f.(2), B2.f.(3)
Commander, Warrior Transition Battalion	C1.c.(1)-(2) C1.d.(1)-(6)	C1.a.(1), C1.a.(2), C1.a.(3) C1.b. C1.e. C2.a. C2.b.

Please provide comments by April 29, 2011.

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Introduction

Objectives

The broad objective of this ongoing assessment is to determine whether the DOD programs for the care, management, and transition of recovering Service members wounded during deployment in Operation Iraqi Freedom or Operation Enduring Freedom were managed effectively and efficiently.[1]

Specific Objectives

Our specific objectives were to evaluate the missions, the policies, and processes of:

- Military units, beginning with the Army and Marine Corps, established to support the recovery of Service members and their transition to duty status (Active or Reserve Components) or to civilian life; and
- DOD programs for Service members affected with Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD).

Assessment Approach

We planned to perform this assessment at multiple Army and Marine Corps locations and report on each location separately. To ensure that our data would be unbiased, not unduly reflecting the views of either the supporters or detractors of the program, we used a two-pronged approach to select our respondents. First, we used a simple random sample approach to determine the number of Service members we should interview. We performed interviews primarily with Army wounded, ill, and injured personnel, to include 74 individual interviews with Soldiers and 57 additional Soldiers in 9 group interviews.

Second, we interviewed all available members of the key professional groups responsible for their care. Specifically, we performed meetings and interviews during our 2-week site visit, ranging from general officers, unit commanders, staff officers, and cadre, to civilian staff and contractors. A listing of the meetings and interviews we performed at Brooke Army Medical Center (BAMC) and its subordinate organizations, the Warrior Transition Battalion (WTB) and the Warrior Transition Services (WTS), is shown in Appendix A, along with the scope, methodology, and acronyms of this assessment. The prior coverage of this subject area is discussed in Appendix B.

The observations and corresponding recommendations in this report focus on what we learned at Fort Sam Houston, but we believe that some of our findings may have implications for other facilities that will likely be called to the attention of higher headquarters responsible for these programs. Additional reports and/or assessments may be subsequently performed on DOD Wounded Warrior matters or other related issues as they are identified. Issues, concerns, and challenges that we identified at Fort Sam Houston that may be addressed in future assessments

[1] Subsequent to our project announcement and at the initiation of our fieldwork, the Army's Warrior Transition Command informed us that approximately 10 percent of the Soldiers assigned or attached to Warrior Transition Units were combat wounded.

and/or reports to organizations other than those located at the Army and Marine Corps installations we visited are discussed in Appendix C.

Background

Army Guidance

Army guidance for the care and management of Warriors in Transition (hereafter, "Warriors") is contained in the "Warrior Transition Unit Consolidated Guidance (Administrative)," March 20, 2009 (hereafter, "Consolidated Guidance"). The purpose of the Consolidated Guidance is to prescribe the policies and procedures for the administration of Soldiers assigned or attached to Warrior Transition Units (WTUs). The Consolidated Guidance addresses items such as eligibility criteria for a Soldier's assignment or attachment to a WTU; staffing ratios of Army care team members; and other administrative procedures for Soldiers being considered for assignment or attachment to a WTU. For additional information on the Consolidated Guidance, see Appendix D.

Warriors in Transition

The Army's wounded, ill, and injured Service members are referred to as Warriors in Transition. According to the Consolidated Guidance, the Warrior in Transition mission is:

> I am a Warrior in Transition. My job is to heal as I transition back to duty or become a productive, responsible citizen in society. This is not a status but a mission. I will succeed in this mission because I am a Warrior.

Warrior Transition Units

In 2007, the Army created 35 WTUs at major Army installations primarily in the continental United States (CONUS) but also at other sites outside CONUS to better support the recovery process of the Army's wounded, ill, and injured Service members. Army WTUs vary in size and functionality and were established either as brigades, battalions, companies, or community-based units.[2] As of May 2010, there were 26 WTUs located in CONUS, 1 in Hawaii, 2 in Alaska, and 3 in Germany, as well as, 8 community-based WTUs located in CONUS and 1 in Puerto Rico.

The commander of each WTU reports to the commander of the Military Treatment Facility that is co-located with the WTU. Army WTU care teams consist of, but are not limited to, military cadre, physicians, nurses, TBI and behavioral health specialists such as psychologists and social workers, occupational therapists, and a myriad of outside organizations offering resources to the Warriors.

WTUs provide this critical support to Army Active Component Soldiers who meet the eligibility criteria, which generally require that: (1) a Soldier has a temporary profile,[3] or is anticipated to

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[2] Community-Based WTUs are primarily for Reserve Component Soldiers. According to the Consolidated Guidance, the Community-Based WTU is a program that allows Warriors to live at home and perform duty at a location near home while receiving medical care from the Tri-Service Medical Care network, the Department of Veterans Affairs, or Military Treatment Facility providers in or near the Soldier's community.

[3] According to Army Regulation 40-501, "Standards of Medical Fitness," August 23, 2010, the basic purpose of the physical profile serial is to provide an index to overall functional capacity. The physical profile serial system is

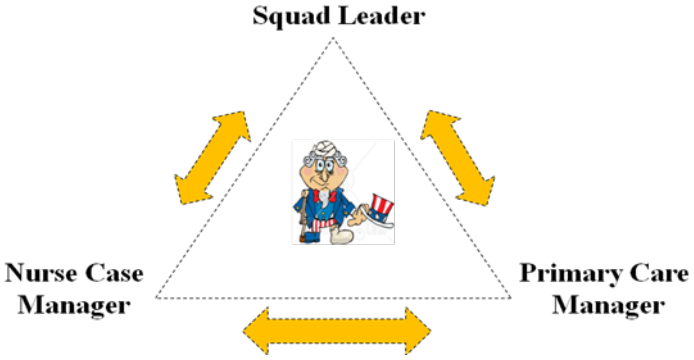
receive a profile, for more than 6 months with duty limitations that preclude the Soldier from training for or contributing to unit mission accomplishment, and (2) the acuity of the wound, illness, or injury requires clinical case management to ensure appropriate, timely, and effective utilization and access to healthcare services to support healing and rehabilitation.[4] The Consolidated Guidance also states that Soldiers with medical conditions who do not require case management should remain in their units and utilize the standard healthcare system and access to care standards.

Triad of Care

At the nucleus of the WTU is the "Triad of Care," which is comprised of a squad leader, a nurse case manager, and a primary care manager (a physician). The Triad of Care staff was established to envelope the Warriors and their families in comprehensive care and support, which is focused on the primary mission with respect to each Warrior – to heal. More specifically, the Triad of Care is to work together to collect Soldier data and information and develop a plan of care specific to each Soldier. The plan of care is to address medical treatment, administrative requirements, support needs, and disposition. All are to work together to ensure advocacy for the Warriors, continuity of care, and a seamless transition into the force or return to a productive civilian life.

The ratios of Triad of Care staff to Warriors were established at: squad leader (1:10), nurse case manager (1:20), and primary care manager (1:200).[5] The Triad of Care structure is shown in Figure 1.

Figure 1. Triad of Care



The following is a brief description of each Triad of Care member's roles and responsibilities.

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based primarily upon the function of body systems and their relation to military duties. The functions of the various organs, systems, and integral parts of the body are considered. There are six factors that are evaluated: physical capacity or stamina, upper extremities, lower extremities, hearing and ears, eyes, and psychiatric. Four numerical designations are assigned for evaluating the individual's functional capacity in each of the six factors. Profiles can be either permanent or temporary.

[4] Army National Guard and Army Reserve Soldiers may be eligible for assignment or attachment to a WTU but fall under a different and more complex process than Active Component Soldiers. The processes are shown in the Consolidated Guidance.

[5] These and other staffing ratios are shown in the Consolidated Guidance.

- **Squad Leader –** traditionally a non-commissioned officer in the rank of Sergeant (E-5) or Staff Sergeant (E-6) - the front line leadership for all of the Warriors. Their duty description includes, but is not limited to: accounting for Warriors daily, counseling them and guiding them in their Comprehensive Transition Plan (CTP),[6] ensuring that they attend all appointments, tracking all of their administrative requirements, and building trust and bonding with Warriors and their families.
- **Nurse Case Manager –** a civilian or Army nurse that provides the individualized attention needed to support the medical treatment, recovery, and rehabilitation phases of care of the Warriors. The goal of case management is to orchestrate the best care for the Warriors by monitoring progression of care, Transition Review Board[7] recommendations, and Warriors' respective goals to actively and proactively facilitate movement of the Warrior from one level of care to the next.
- **Primary Care Manager –** the medical point of contact and healthcare advocate for the Warrior. They provide primary oversight and continuity of healthcare and are to ensure the level of care provided is of the highest quality. They are the gateway to all specialty care (such as behavioral health specialists or orthopedic surgeons) and coordinate with other physicians to ensure that the Warriors are getting the treatment that they need.

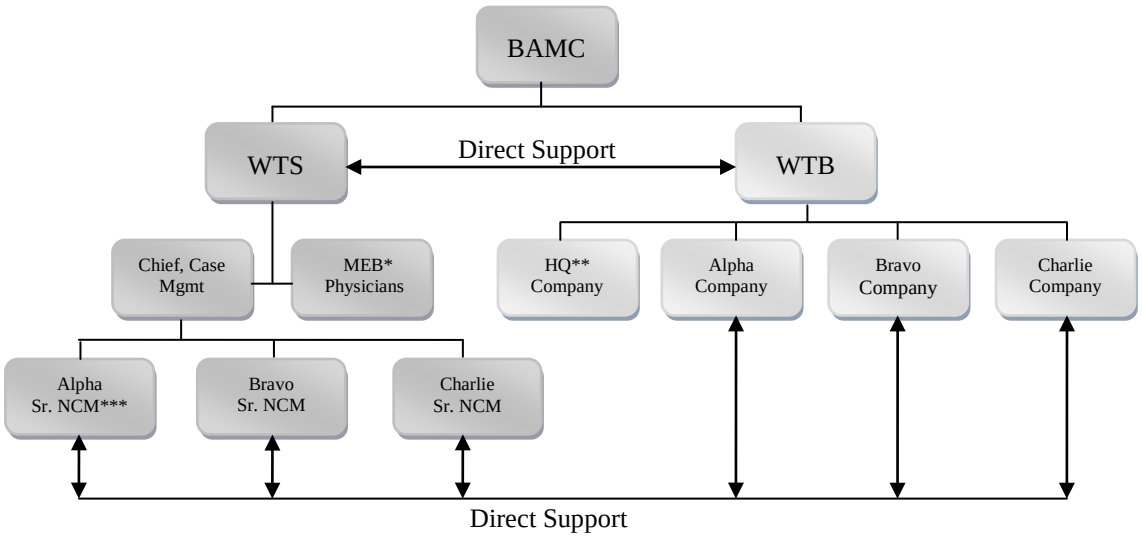
Fort Sam Houston

The organizational structure supporting Warriors at Fort Sam Houston was comprised of BAMC and its subordinate organizations, the WTB and the WTS. The initial organization at Fort Sam Houston was a battalion-sized unit that reached initial operational capability on April 24, 2007. At the time of our site visit, the WTB commander and the WTS director reported directly to the Commanding General, BAMC. The BAMC organizational structure that supported the Warriors in the WTB is shown in Figure 2.

[6] The CTP is a broad look at the current status of a Warrior and the formulating of a program of action aimed to help the Warrior move from one stage of his/her transition to the next. For additional information on the CTP, see Observations C and D.

[7] Transition Review Boards are intended to facilitate dialogue between the Warrior and the Triad of Care, chain of command, and other members of the Warrior's care team, as appropriate, regarding both the Comprehensive Transition Plan progress and future strategy for the Warrior's transition. For additional information, see Observation B.

Figure 2. BAMC Organizational Structure for Warriors



* Medical Evaluation Board
** Headquarters
*** Nurse case manager

Brooke Army Medical Center

The hospital located at Fort Sam Houston, BAMC, is a modern state-of-the-art, 450-bed healthcare facility that provides level-one trauma and graduate medical education. Among the BAMC WTB Warriors were severely burned patients, amputee patients, TBI and PTSD patients, and other wounded, ill, or injured.

There were also specialized BAMC campus facilities to support patients and families such as the Center for the Intrepid (state-of-the-art physical rehabilitation facility), the Institute for Surgical Research, the TBI Clinic, and four Fisher Houses and the Powless Guest House (both of which are temporary housing facilities for families of recovering Service members).

The mission statement of BAMC was to effectively and efficiently promote health and provide quality healthcare to eligible patients, while preparing future healthcare leaders to do the same within the full spectrum of military medical operations.

Warrior Transition Battalion

The BAMC WTB staff averaged between 240-250 personnel. The staff was comprised of military Service members, government civil service employees, and government contractors. Under BAMC leadership, the WTB was responsible for creating the conditions and providing the care that allowed Warriors to successfully heal and transition. The WTB consisted of a headquarters company, comprised of the command team and primary staff, and three additional companies, each of which had the capacity to hold approximately 200 Warriors.

Between June 1, 2007,[8] and the completion of our site visit on June 25, 2010, the BAMC WTB transitioned a total of 1,626 Warriors. Table 1 shows the status of those Warriors.

Table 1. Status of Warriors Who Transitioned Through the BAMC WTB Between June 1, 2007, and June 25, 2010

Returned to Duty	950
Transitioned from the U.S. Army to Civilian Life	659
Deceased	10
Separated by Administrative Adverse Actions	7
Total Warriors in Transition	**1,626**

As of June 25, 2010, there were 548 Warriors assigned to the BAMC WTB. Of the 548 Warriors, 126 were combat wounded; 79 were treated in a contingency theatre area of operations; and 343 were ill or injured.[9] Of the 343 ill or injured Warriors, 18 had previously deployed to a contingency theatre area of operations.

The mission statement of the WTB was: We are dedicated to provide command and control, primary care, case management, and comprehensive health, welfare and safety for Warriors, staff, and their families assigned or attached to the BAMC WTB, in order to facilitate their transition while healing as they prepare to return to the force or pursue the future as a proud Veteran. The BAMC WTB had also established five essential tasks to achieve mission success:

- Provide command and control
- Provide quality primary care and case management services
- Synchronize clinical care, disposition, and transition
- Provide administrative support and services for Warriors, families, and staff
- Promote readiness to return to the force or transition to a productive civilian life

Warrior Transition Services

The BAMC WTS was directed by a senior physician who used multiple military, civilian, and Department of Veterans Affairs (DVA) resources to find solutions to complex Warrior care issues and challenges. In addition, WTS worked closely with case management, the WTB surgeon, BAMC providers, and the WTB chain of command to ensure that each Warrior was progressing appropriately in their treatment plan. The WTS was comprised of a case management staff and three Medical Evaluation Board physicians. There was 1 senior nurse case manager and 10 nurse case managers supporting each company.

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[8] June 1, 2007, is the date that the U.S. Army Warrior Transition Command was officially activated.

[9] According to an official from the U.S. Army Warrior Transition Command, the following definitions apply to Warriors in Transition:
"Combat Wounded" - Soldiers who have been wounded by enemy actions while serving in a contingency theatre area of operations.
"Treated in a Contingency Theatre Area of Operations" - Soldiers who became ill or injured and were treated by medical personnel while serving within a contingency theatre area of operations.
"Ill or Injured" - Soldiers who became ill or injured and were treated by medical personnel outside of a contingency theatre area of operations.

Traumatic Brain Injury and Post Traumatic Stress Disorder

Two increasingly common diagnoses for recovering Service members are TBI and PTSD. TBI[10] is also referred to by its common term, "concussion," which is when someone receives a direct blow or a jolt to their head that disrupts the function of the brain. Service members may sustain concussions or TBIs when exposed to a blast or explosion (sometimes on multiple occasions), which may lead to serious symptoms. There are three different levels of TBI (mild, moderate, and severe) based on the severity of damage to the brain.

PTSD[11] is an anxiety disorder or condition that develops after someone has experienced or witnessed a life-threatening or traumatic event, which may include a combat event. PTSD usually begins immediately after the traumatic event but it could start later, even years later. A PTSD event likely involved actual or perceived death or serious injury and caused an intense emotional reaction of fear, hopelessness, or horror.

The TBI Clinic, Social Work Services, and the Department of Behavioral Medicine provide services at the BAMC WTB to Warriors and their families who are affected by TBI and/or PTSD.

[10] The definition of TBI is from multiple sources, including "Types of Brain Injury," Brain Injury Association of America, October 15, 2008; and "Force Health Protection and Readiness Quick TBI and PTSD Facts," Force Health Protection and Readiness, October 15, 2008.

[11] The definition of PTSD is from multiple sources, including "Force Health Protection and Readiness Quick TBI and PTSD Facts," October 15, 2008; and Jessica Hamblen, PhD, "What is PTSD?" National Center for PTSD, U.S. Department of Veterans Affairs, October 15, 2008.

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Part I – Noteworthy Practices

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Observation A. Noteworthy Practices – Brooke Army Medical Center Warrior Transition Battalion

The BAMC WTB staff had instituted four initiatives we believe to be noteworthy practices. Those initiatives were:

- Developing the High-Interest Patient (HIP) Database
- Establishing weekly company-level "Triad of Care" meetings
- Using the Prescription Medication Analysis and Reporting Tool (P-MART)[12] for polypharmacy[13] management
- Preparing guidelines for the occupational therapy process, specifically via the Warrior in Transition Advancement Program (WINTAP)

Initiatives as Noteworthy Practices

A discussion of each of these four initiatives follows.

High-Interest Patient Database

According to BAMC staff, the HIP Database application was created by two BAMC healthcare providers to help with the care and risk management[14] of complex patients. It was designed as a tool that could be used during interdisciplinary team meetings to facilitate the collection, retrieval, flow, and exchange of information as well as to track tasks from assignment to completion.

The HIP Database assisted care team providers to categorize patients according to their level of risk and provided a transparent view of patient appointment and medication history. A patient's risk level was characterized by a color code; green (low-risk), yellow or amber (moderate-low risk), red (moderate-risk), black (high-risk), or unspecified (no color assigned). Care providers and case managers could create tasks necessary for the care of the patient, assign tasks to individual providers or managers, and view suspense and completion dates of assigned tasks along with their outcomes or comments.

The HIP Database resided on the BAMC network. Access to this database was granted only to authorized users and required a network account and membership in a specific domain group. The HIP Database drew patient demographic and other information from the Composite Health Care System, which is used at all Military Treatment Facilities as part of patient electronic

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[12] The P-MART database was developed by the DOD Pharmacoeconomics Center, a tri-service entity under the Office of the Assistant Secretary of Defense for Health Affairs. The P-MART system provided prescription data from all points of service, identified high-risk individuals, identified potential alternative medication available in theater, and provided analysis of drug use for the purposes of refining medication supply lists.

[13] According to Mosby's Medical Dictionary, 8th Edition, 2009, polypharmacy is the use of a number of different drugs, possibly prescribed by different doctors and filled in different pharmacies, by a patient who may have one or several health problems.

[14] With regard to Warriors, risk management is handled through the conduct of risk assessments of those Warriors who are or have: prescribed polypharmacy, prescribed narcotics, mental health diagnosis, prior history of high-risk behavior, experienced a broken relationship, suffered from chronic pain, and/or are pending punitive actions.

healthcare records. The BAMC staff believed that the HIP Database could be installed throughout all WTUs, but this would require each Military Treatment Facility to create an interface with their Composite Health Care System host.

Weekly Triad of Care Meetings

At the BAMC WTB, Triad of Care meetings were held on a weekly basis by each WTB company to discuss and make decisions on necessary actions to ensure full synchronization of the clinical care, disposition, and transition for each Warrior. We observed weekly Triad of Care meetings for Alpha, Bravo, and Charlie Companies on June 17, 2010.

The Triad of Care meeting for Alpha Company, for example, was attended by the squad leaders, platoon sergeants, nurse case managers, primary care managers, company commander, first sergeant, occupational therapists, and social workers that were responsible for Warriors assigned to Alpha Company. This meeting was divided into two parts: (1) detailed discussion of all high- and moderate-risk Warriors, and (2) updates and significant changes for all Warriors not included on the high-risk list.

High- and Moderate-Risk Warriors in Transition

The first part of the weekly Triad of Care meeting discussed the high- and moderate-risk Warriors (those coded black or red in the HIP Database).

During the Alpha Company meeting, for example, each person coded black or red was discussed by a care element (such as medications, specialty care, occupational therapy, etc.), along with the necessary details to understand the Warrior's current medical situation, why a particular risk existed, and whether the risk indicator should be increased or decreased. The Alpha Company Commander then made the final determination as to whether the risk level should be maintained, raised, or reduced for each Warrior that was discussed.

Pertinent information on that Warrior's status was updated in the HIP Database as necessary, once discussions were concluded. We also observed that newly designated high-risk Warriors could be added to the database at any time.

Updates for Other Warriors in Transition

The second part of the weekly Triad of Care meeting discussed the remaining Warriors within each company. During the Alpha Company meeting, there was a member-by-member update on activity and significant changes that had occurred for the remaining Warriors. Items discussed, among many others, included whether a Medical Evaluation Board had been scheduled, progress updates for certain Warriors' CTP had been recorded, Warriors' abilities to participate in certain activities, and the whereabouts of Warriors if they were on leave.

Prescription Medication Analysis and Reporting Tool

The P-MART was developed to provide a comprehensive database of medication information to healthcare providers concerning deploying Service members prior to their deployment. However, the BAMC WTS pharmacy staff stated that, previously, the P-MART tool did not contain a specific report that could identify Warriors at elevated risk for polypharmacy.

Consequently, the pharmacy staff stated that they worked with the DOD Pharmacoeconomics Center to design the WTU P-MART to produce a monthly customized report for Warriors.

This application provided the WTU healthcare provider with medication information and identified potential at-risk patients. The tool was accessible only to healthcare providers who were involved in the care of a WTU Service member. The WTU P-MART:

- Collected prescription data on the WTU Service member from all points of service
- Identified high-risk individuals
- Prepared specialized medication reports focused on high-risk medications (i.e., narcotic use, sleep aids, etc.)

The BAMC WTS pharmacy staff stated that they used the customized report from the WTU P-MART to conduct medication reconciliations[15] for high-risk patient management. They also stated that they often contacted primary care managers to notify them of drug interactions or high-risk situations, resulting in the primary care managers adjusting prescriptions as needed. The BAMC WTS pharmacy staff believed that as a result of the success they had experienced, the WTU P-MART had been deployed at other, larger Army WTU sites – to include Fort Drum, Fort Carson, and Walter Reed Army Medical Center.

Warrior in Transition Advancement Program

The WINTAP was offered through the Occupational Therapy Clinic at the BAMC WTB. The WINTAP was developed to facilitate the Warrior's transition from a wounded Soldier to a productive Soldier. It provided the foundation needed for the development of skills for the work and school environments; specifically, the cognitive, behavioral, and social skills each person needs to be successful in life.

The WINTAP approach was comprised of a series of life skills classes, which helped Warriors identify occupational goals and avenues to reach those goals, and to instill the positive mindset to achieve their goals. Some of the 11 classes offered included:

- Goal Setting – a one-part class to help Warriors focus on their life plan and set and achieve immediate, short term, and long term goals.
- Academic Skills – a series of three classes to educate Warriors on skills necessary for success in an academic environment, to include time management, strategies for studying, and practical testing.
- Education Choices – a one-session class to inform Warriors of educational opportunities and motivate them to take an active role in educational programs for career and professional development in military or civilian life.
- Do You Hear Me Now? – a three-part class to help Warriors identify anger, its triggers, and the various ways we respond to it.
- All Stressed Out – a three-part class to help Warriors identify stress, stress triggers, and symptoms of stress, and learning techniques to minimize stress.

[15] Medication reconciliation is a formal process of identifying the most complete and accurate list of medications a patient is taking and using that list to provide correct medications for the patient anywhere within the healthcare system.

- Real Life, Real Jobs – a one-part information session to provide Warriors one-on-one employment assistance and online resources to assist wounded and injured Service members in their transition into the civilian workforce.
- Work Skills – a three-part class to educate Warriors on interviewing techniques, resume writing, and the successful completion of a job application. These classes also provided job counseling and mentorship.

Conclusion

We believe that these four initiatives have already and will continue to progressively improve and enhance the recovery of Warriors assigned or attached to the BAMC WTB and that these noteworthy practices may be applicable for utilization at other WTUs. Our conclusions on each of the four initiatives follow.

High-Interest Patient Database

The HIP Database demonstrated that it was an effective tool[16] for gathering necessary and critical information on WTB patients and for coordinating the multidisciplinary management of complex cases concerning high-risk patients within the WTB, as well as for lower-risk patients. It also appeared that the HIP Database proved to be very useful for clearly displaying information on WTB patients and serving as a focal point for the WTB Triad of Care meetings. We believe that the development of the HIP Database was an innovative technique for improving the management of WTB Warriors.

Weekly Triad of Care Meetings

The inclusion of most, if not all, of the Army WTB care team[17] during the WTB Triad of Care meetings and the open and free-flow of information during those meetings was informative and beneficial to all parties responsible for the multidisciplinary management of complex and high-risk patients within the WTB, as well as for lower-risk patients. We believe that the WTB Triad of Care meetings appeared to ensure a safe and effectively managed environment in support of Warrior care and transition. It also appeared that the direction and guidance provided by the company commander and/or first sergeant, as appropriate, was beneficial in providing an increased situational awareness of the Warrior recovery challenges for all participants.

Prescription Medication Analysis and Reporting Tool

The development and use of a customized report,[18] based on extracts of WTU P-MART information, appeared to improve the effectiveness of medication reconciliations for the polypharmacy management of patients at elevated risk levels. We believe that this initiative was an innovative technique in converting extracts of WTU P-MART information into an effective management tool.

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[16] We did not assess the HIP Database itself but observed its use during Triad of Care meetings.
[17] We did not reconcile the attendees at each of the three WTB Triad of Care company-level meetings we observed against the care team assigned to each Warrior. The Army care team was discussed in the Introduction (Background) section of this report.
[18] We did not assess the report application itself but discussed its use during numerous meetings with BAMC officials.

Warrior in Transition Advancement Program

The concept of the WINTAP classes was an innovative technique in support of the Warrior's rehabilitation process and could be beneficial for a Warrior's transition to military service or to a productive civilian life. We believe that WINTAP can assist in developing and enhancing skills needed by Warriors, whether they return to a military unit or to pursue civilian life. The WINTAP can therefore enhance the probability of success in meeting the projected transitional needs expressed and determined by each Warrior.

Recommendations

We believe that these noteworthy practices may be applicable for utilization at other WTUs. As our overall assessment progresses, we will determine whether these initiatives could be so implemented and effectively utilized. Therefore, we are not making specific recommendations for this observation pending further assessment research and results.

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Part II – Challenges

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Observation B. Challenges – Brooke Army Medical Center

The BAMC management and staff appeared to be committed to their mission statement. However, we identified nine challenges that need to be addressed by the BAMC management to help ensure the most successful and effective care, healing, and transition of Warriors and support for their families.

These challenges included:

- Developing an operational definition of a "successful" end-state for a Warrior, including measurable criteria
- Applying more carefully and consistently the Army eligibility criteria for individuals considered for assignment or attachment to the WTB
- Determining case loads by the complexity of Warriors' care and needs, rather than by numerical staffing ratios
- Developing a standard operating procedure for polypharmacy management in the Warrior Pharmacy
- Ensuring that nurse case managers have the appropriate experience and are provided appropriate additional training to meet their needs, including on TBI/PTSD management and treatment
- Ensuring that Warriors have timely access to specialty care (e.g. behavioral health, pain management, orthopedics, etc.)
- Requiring two-way communication and verification of appointments so that Warriors avoid missing their appointments
- Ensuring that Warriors' medical records are sufficiently complete to avoid delays in evaluation board processing and transition to DVA care
- Improving the occupational therapy process to be more effective in facilitating a Warrior's transition back to military service or to a productive civilian life

We believe that addressing these challenges will increase the effectiveness of the BAMC management and staff in providing quality and timely care and services in support of the Warrior mission to heal and transition.

Dedication of Brooke Army Medical Center Staff

We observed that the BAMC management and staff appeared to be fully committed to providing the best available care and services for helping Warriors heal and transition. For example, one nurse case manager stated, "I love my job. I love the Army. I especially love my Warriors." Another explained, "I am passionate about my work and what I do for our Service members . . . and I take great pride in caring for our wounded."

Based on our observations, this attitude reflected the overall commitment made by BAMC management and staff to the recovery and transition of the Warriors, and their genuine care and concern for the Warriors and their families.

Challenges for Brooke Army Medical Center Management

There were nine challenges that need to be addressed by BAMC management to help ensure the most successful and effective care, healing, and transition of Warriors and support for their families. Those challenges are discussed in detail below.

Our assessment results were developed from multiple sources, to include: interviews with BAMC and WTB management, staff, and cadre; interviews with individual Warriors; interviews with groups of Warriors; observations at visited sites; and reviews of relevant documents to determine whether programs for wounded, ill, and injured were managed effectively and efficiently.

Definition of Successful Transition End-State

We could not determine from available data whether the BAMC WTB had an operational definition as to what constituted a successful transition end-state, specifically with regard to transitioning to "a productive, responsible citizen in society."[19] Therefore, it was not evident what specifically constituted mission accomplishment with respect to this mission objective. Further, the BAMC WTB did not have clear criteria for measuring the transition process (success or failure) so as to determine when a Service member was prepared to return to active military duty, transition to civilian life, or continue to remain assigned or attached to the WTB.

A successful transition of a recovering Service member was described, during a discussion with a BAMC official, as "when the physician determines that the Soldier is ready to return to duty or be medically retired." A WTB official stated that "there is no cookie cutter definition of success; success is a very subjective word and truly, a successful transition varies from one Warrior to the next."

The Army's Consolidated Guidance places emphasis on expeditious administrative processing for Warriors,[20] to include the Army's goal and intent regarding processing Warriors through the WTU program. The Army may need to better define mission success with regard to expeditiously processing Warriors resulting in a successful transition from the WTU (see Appendix C). In addition, the lack of a clear operational definition of a "successful transition" end-state by the BAMC WTB management may hamper the ability of the WTB to expeditiously administratively process Warriors from the WTB.

Therefore, we believe that for mission success to be fully achieved by the BAMC WTB, it is imperative that the management and staff develop a clear operational definition of a "successful transition" end-state. Metrics should also be developed so that a measure of progress can be determined as the transition process moves forward, the timeliness of the process can be measured to identify choke points, and necessary adjustments can be made to improve the transition process.

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[19] This cite, "a productive, responsible citizen in society," was taken from the Warrior mission statement, which can be reviewed in its entirety in the Background section of this report.

[20] The emphasis on the expeditious administrative processing for Warriors found in the Consolidated Guidance is discussed in Appendix D of this report.

Moreover, it is important to identify ineffective procedures or failures in the transition process early on so that Warriors do not spend inordinate amounts of time in the WTB, which could exacerbate their medical condition and impede recovery. A clear operational definition of a "successful transition" end-state, with associated metrics, will help to ensure that all Warriors can successfully accomplish their mission of moving forward towards lifetime goals whether returning to the military force or transitioning to a productive civilian life.

Eligibility of Warriors

As previously mentioned, the eligibility criteria for a Soldier's assignment or attachment to a WTU generally requires that a Soldier (1) has a profile for more than 6 months with duty limitations, and (2) the acuity of the wound, illness, or injury requires clinical case management.[21]

Warriors believed that Soldiers were allowed into the WTB although they may not have been eligible for assignment or attachment. Further, during a group interview with primary care managers, they indicated that it appeared there were waivers being issued to allow certain individuals into the WTB who did not meet established eligibility criteria.

A senior BAMC official acknowledged that "mission creep" in the form of accepting personnel who were medically not fit for duty or accepting training students[22] that may be complicated and unique cases, might occur. However, this official stated that while their process was not always perfect, each Soldier assigned to the WTB was reviewed and approved prior to the unit receiving them, and their assignment or attachment was based on the duration of their expected medical care needs and the care required.

The final decision, according to BAMC WTB staff, for the assignment of a Soldier into the BAMC WTB was made by a Triad of Leadership: the Senior Installation Commander, the BAMC Commanding General, and the WTB Commander.[23] A BAMC official stated that although this process formally existed, there was a perceived reluctance to turn away any Soldier because of the repercussions that might transpire if a Soldier that was turned away subsequently had medical recovery issues that resulted in transition difficulties.

We did not review the decision process described above. Nevertheless, we agree that deliberate, transparent steps need to be taken to ensure that Warriors accepted into the WTB meet the Army's eligibility criteria. This would ensure that the limited resources at the BAMC WTB are fully utilized in support of eligible Warriors and the focus of the WTB remains on Warrior care, recovery, and transition.

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[21] For the complete definition of the eligibility criteria, see the Background section of this report.
[22] According to the Consolidated Guidance, "In general, Soldiers who are in initial entry training, advanced individual training, or one station unit training are ineligible. Only by exception will Initial Military Training Soldiers be assigned/attached to the WTU."
[23] According to the Consolidated Guidance, "The Triad of Leadership…executes refinements to the WTU entry policy in order to develop a balanced WTU structure and capability that is enduring, expandable, collapsible and responsive to the medical needs of every Warrior in Transition."

Staffing Ratios and Warrior Case Loads

As previously mentioned, the ratios of Triad of Care staff to Warriors were established at: squad leader (1:10), nurse case manager (1:20), and primary care manager (1:200).

The BAMC staff indicated that case loads would be more manageable if based on the complexity of each Warrior's medical condition and other needs rather than relying solely on fixed staffing ratios. For example, a group of primary care managers explained that the mandated 1:200 ratio was excessive. They stated that many of the Warriors' conditions were very complex and/or high-risk and required additional attention from them. They also stated that the WTU system's inefficiencies did not often allow them to provide this additional care due to limited capacity.

Nurse case managers indicated that determining patient case loads by patient complexity rather than fixed staffing ratios would assist them with more reasonable caseloads and provide more time to serve as an "early warning" role for Warriors in need of special assistance.

BAMC staff suggested that a revised methodology was needed to better define Warrior needs and staff workloads other than solely relying on pre-determined numerical staffing ratios. For example, although not all-inclusive, the HIP Database (discussed in Observation A) was a tool used to manage high-risk and complex patients where high-risk Warriors were coded red (moderate-risk) or black (high-risk).

We agree that an additional methodology should be applied beyond numerical staffing ratios – for example utilizing a tool such as the HIP Database – to help ensure that primary care managers' and nurse case managers' case loads are adequately balanced with appropriate numbers of low-, medium-, and high-risk patients. This would likely result in more efficient and effective care and treatment of Warriors.

Polypharmacy Standard Operating Procedures

Warrior Transition Command Policy Memorandum 10-033, "Warrior Transition Unit/Community Based Warrior Transition Unit Risk Assessment and Mitigation Policy," June 16, 2010, stated that Military Treatment Facility commanders will implement risk assessment and mitigation policy, develop programs for high-risk medication management and education, and link pharmacy support to each WTU for medication reconciliation and training in WTUs. This policy memorandum also stated that training should specifically address the dangers associated with polypharmacy.

We recognized that the use of the WTU P-MART customized application at BAMC was a noteworthy practice for polypharmacy management and medication reconciliation in support of Warriors. However, we also determined that BAMC had not developed any standard operating procedures for how to implement polypharmacy and medication reconciliation consistently or to ensure that standard education and training on how to address these issues were provided to current and future WTS pharmacy and WTB staff.

Developing standard operating procedures for polypharmacy management and medication reconciliations, and using these procedures to help provide appropriate staff with the necessary

education and training, could significantly assist in the identification and reduction of harmful Warrior medication-related incidents.

Experience and Training for Nurse Case Managers

BAMC management and staff, to include nurse case managers, explained that the nurse case managers brought a variety of experience to the BAMC WTB. Nurse case managers, during a group interview, stated that they collectively possessed a variety of experience; to include those who have worked in an emergency room, an inpatient intensive care unit, on a medical or surgical team, and others who had experience in case management and disease management. Most stated that they possessed at least a Bachelor of Science in Nursing; many had earned an advanced degree, such as a Master of Science in Nursing or a Master of Health Administration; and a few were Certified Case Managers.

However, some nurse case managers acknowledged that they had no previous direct experience in dealing with the military prior to accepting their current positions and, generally, had not received specific training to equip them for their duties. Additionally, a BAMC WTB official stated that in her opinion, while nurse case managers were generally qualified and positioned to watch for "red flags" with Warriors, some could use more training specifically in behavioral health issues.

Some training was offered for nurse case managers once they arrived at BAMC. However, Warriors had a complexity of medical, psychological, social, and occupational issues that had to be addressed to support their recovery. This situation calls for nurse case managers to possess a high degree of experience in case management and/or to receive additional training and possibly certification in case management, military processes, and behavioral health issues – specifically TBI and PTSD management and treatment.

We believe that nurse case managers need appropriate preparation, which can be obtained through additional and ongoing training, to be able to provide the effective and efficient management and high-quality treatment necessary to support the Warrior mission to heal and transition.

Access to Specialty Care

Warriors indicated that while they had an acceptable level of interaction with their primary care managers, they were not receiving timely access to certain types of specialty care; such as behavioral health services, orthopedics, and the sleep clinic, to name a few.

For example, one Warrior stated that he saw his behavioral health specialist only once every 2 to 4 weeks, and "for someone like me with PTSD, anxiety, and depression, in my opinion this is not nearly enough." He also stated that when he did see his behavioral health specialist, the sessions were usually an hour or two, were very helpful, and were meeting his needs. Further, another Warrior, during a group interview, mentioned that "certain specialty appointments, such as orthopedics and sleep study, are very difficult to get into."

Finally, another Warrior mentioned, during a different group interview, that he had problems getting appointments with specialists. For example, he stated that it took him 60 days to get an

orthopedic appointment and 60 to 90 days to get an appointment with the pain clinic. During this same group interview, a Warrior stated that he was ordered to the sleep apnea clinic 6 months ago and was "still waiting for an appointment."

While we acknowledge that certain specialty care positions are understaffed, a more proactive approach to obtaining specialty care appointments would assist with Warrior recovery, and could also reduce the length of time Warriors spend reaching a successful transition. BAMC management should seek greater efficiency in providing access to and provision of Warrior specialty care services.

Appointment Management

We were informed by multiple staff that Warrior appointments had been repeatedly made, rescheduled, or cancelled. Ensuring that these multiple appointments do not conflict was a significant challenge for the Warrior support staff. For example, during a group interview, nurse case managers stated that there were at least three sources of appointments: BAMC (available in the Composite Health Care System), the DVA, and other appointments made through a Warriors' Physical Evaluation Board Liaison Officer.[24]

It was further explained that the mandated use of the "Central Booking System" to book appointments had, in some Warrior's opinions, created problems for them such as being scheduled with the wrong physician or being sent for counseling for the wrong medical condition.

Warriors also cited the one-way communication with the staff (primarily nurse case managers) responsible for making appointments as a problem. One Warrior stated that a verification method was not used by those making the appointments to ensure that Warriors were aware and had acknowledged that an appointment had been scheduled. Without a verification method in use, nurse case managers could not be sure that a Warrior was aware that an appointment had been scheduled and could not follow up if an acknowledgement was not received.

During a group interview with primary care managers, they stated that missed appointments, for whatever reason these occurred, were a significant problem that resulted in wasted resources, a backlog in patient care, and a negative impact on Warrior healthcare delivery.

We believe that BAMC management needs to develop and enforce two-way communication and verification for appointments. This communication and verification will help ensure that missed appointments are avoided and, to the extent possible, missed appointments do not result in the misuse of scarce resources needed for the support of Warrior care.

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[24] The Physical Evaluation Board Liaison Officer helps to manage expectations, coordinate medical appointments, and handle the recovering Service member's case files through the Disability Evaluation System process for a determination on fitness. The process results in one of four determinations: fit for duty, unfit for duty and separation, unfit for duty and retirement, or unfit for duty and retained.

Medical Record Management

Multiple individuals – from Warriors, BAMC WTB management and staff, to DVA officials – acknowledged that obtaining Warriors' complete medical records to meet requirements for evaluation board processing and transition to DVA had been a continuing challenge. They observed that this problem was more prevalent with Army National Guard and Army Reserve Warriors since much of their healthcare was likely to have been with civilian healthcare providers. Those medical records have generally proven more difficult to obtain.

It was explained that a Warriors' medical records were requested once the evaluation board processing was initiated. The receipt of records was not always timely, and the records were often incomplete, or were missing altogether. There needed to be a more efficient, thorough, and timely process for transitioning Warriors' medical records from the DOD to DVA, especially for high-risk patients, according to the collective views expressed.

A senior BAMC official acknowledged that incomplete medical records for Warriors that were in, or preparing to enter, the evaluation board process usually delayed the transition process. This resulted in longer stays in the WTUs for Warriors. But, this official noted, it was not always within the BAMC command's authority to obtain certain records.

A more proactive approach to obtaining medical records before a Warrior's evaluation board is initiated may likely reduce unnecessary delays during Warriors' transitions. For example, the process to obtain the medical records could be initiated at the time of the Warrior's entry into the WTB, rather than when an evaluation board process is initiated.

Occupational Therapy Process

We recognized that the concept of the WINTAP classes was a potential noteworthy practice and an innovative technique in support of the Warrior's rehabilitation process. In conjunction with other occupational therapy programs, it could facilitate a Warrior's transition back to military service or to a productive civilian life. As the TBI Clinic staff explained, "Soldiers need to be employed a lot!" They added that Soldiers needed to get jobs, because jobs were keys to wellness. Jobs brought purpose and meaning to life because they distracted the Soldier from pain and helped with a healthy sleep routine.

However, in its implementation, it appeared that staffing constraints and apparent communication problems with the cadre might be limiting the occupational therapy staffs' ability to meet all requirements related to meeting Soldier needs. With only one Occupational Therapist[25] and three Certified Occupational Therapy Assistants, [26] there were limits on the

[25] Occupational Therapists require a Master's degree in Occupational Therapy from a school with an accredited occupational therapy program. A national certification is obtained through the National Board for Certification in Occupational Therapy and also a State licensure to practice, both of which are renewed regularly. A renewal of licensure and certification requires a set amount of continuing education requirements that have to be maintained. Occupational therapists also have to be credentialed as a medical provider through BAMC.

[26] Certified Occupational Therapy Assistants require an Associate's degree in Occupational Therapy from a school with an accredited program. A national certification is obtained through the National Board for Certification in Occupational Therapy and also a State licensure to practice, both of which are renewed regularly. A renewal of

support for each Warrior, and the degree to which each Certified Occupational Therapy Assistant could be supervised by the occupational therapist.

Further, a BAMC official stated that the occupational therapy staff had difficulty finding job placements for various reasons. Foremost was a lack of job opportunities appropriate to age, rank, injury, life cycle, and experience of each Warrior. They stated that Warriors could not for legal reasons be placed in private, commercial businesses, either as paid employees or as volunteers. However, the Warriors might have been able to volunteer as private or public nonprofit organizations in the community. The staff acknowledged that additional manpower and funding to explore vocational opportunities in the community was needed.

The WTB must actively promote use of the occupational therapy programs. A BAMC official pointed out that cadre (usually squad leaders) often told Warriors that occupational therapy classes and evaluations were not required or even necessary, even though Warrior Transition Command policy existed that stated that every Soldier needed meaningful occupation.

In addition, there was a lack of reasonable metrics to determine the effectiveness of the occupational therapy process. Metrics should be developed so that a measure of success or failure can be determined as the occupational therapy process moves forward; the timeliness of the process can be measured to identify choke points; and necessary adjustments can be made to improve the process.

Conclusion

We briefed BAMC and WTB senior officials at the conclusion of our site visit. The officials acknowledged the challenges that they faced at the BAMC WTB and expressed their dedication to finding the right solutions. We believe that as BAMC management continues to focus on the challenges described in this report and works to implement the following recommendations, they will improve the operational environment necessary to provide the most effective and efficient care, healing, and transition for Warriors and their families.

Recommendations, Management Comments, and Our Responses

B1. We recommend that the Commanding General, Brooke Army Medical Center:

a. Implement Warrior Transition Command Policy Memorandum 10-033, "Warrior Transition Unit/Community Based Warrior Transition Unit Risk Assessment and Mitigation Policy," June 16, 2010, by:

(1) Developing standard operating procedures for polypharmacy management and medication reconciliations within the Warrior Pharmacy at Brooke Army Medical Center; and

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licensure and certification requires a set amount of continuing education requirements that have to be maintained. Certified Occupational Therapy Assistants require a minimum of 1 year work experience.

(2) Developing a comprehensive training program for all pharmacy staff and other Brooke Army Medical Center and Warrior Transition Battalion staff, as appropriate, to provide the necessary education and training for the identification and reduction of medication-related incidents that could harm Warriors in Transition.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendations. He stated that BAMC's Sole Provider Committee would meet on February 9, 2011, to develop standard operating procedures for polypharmacy management. The operating procedures will address (i) polypharmacy operations and responsibility, (ii) sole provider responsibilities, and (iii) urinalysis in drug testing. He further stated that the Sole Provider Committee will also address the education and training needs for BAMC and WTB staff, and once the needs are identified, comprehensive training will be provided by the pharmacy staff. The Commanding General stated that a draft of polypharmacy management standard operating procedures will be completed and education and training requirements will be identified by March 31, 2011.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendations. No further action is required.

b. Establish standards for specialty care appointments that include:

(1) Developing standards of acceptable and unacceptable wait-times for obtaining appointments for specialty care services; and

(2) Obtaining monthly reports from the Chief of Case Management, once the standards are developed and implemented as a result of recommendation B1.b.(1), to ensure that implementation and wait-times can be monitored and managed.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendations. He stated that BAMC has a seven day access to care standard for initial consult, and that according to statistics from the Department of Clinical and Health Operations, the WTB was within these standards 93.5 percent of the time for the first quarter of FY 2011; a 13.7 percent improvement from the last quarter. The Commanding General also stated that there were several improvements made since our June 2010 inspection, to include:

- BAMC has increased the Warriors' access to behavioral health providers
- Each company in the WTB now has a dedicated psychiatrist and psychologist
- The Pain Clinic has its largest number of military providers (3) and is considering hiring more civilian providers
- Orthopedics merged with Wilford Hall Medical Center Orthopedics to increase the number of available providers
- The Warrior in Transition Clinic added a new physician and physician assistant and is awaiting three additional physician assistants

- The Warrior in Transition Clinic implemented a sick-call process in December 2010 to improve access to acute care
- The Department of Clinical and Health Operations is looking to change appointment scheduling for Warrior slots to two weeks out to decrease unused appointments, thereby approving access to care

The Commanding General stated that the majority of the improvements had been completed, and the arrival of the new physician assistants to the Warrior in Transition Clinic is expected to occur no later than July 31, 2011.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendations. No further action is required.

c. Develop procedures for verification of appointments made for Warriors in Transition. The procedures should ensure that when appointments are scheduled, an acknowledgement is received from the Warrior in Transition and documented for those appointments.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendation, stating that procedures were already in place for verification of appointments. Specifically, Warriors have a weekly meeting with their nurse case managers where they receive their appointment sheets and sign a copy to be filed. He also stated that squad leaders print out and review appointment slips daily with the Warriors to account for changes and serve as a reminder. The Commanding General acknowledged that a challenge remains with appointments with the Department of Veterans Affairs (DVA) because the BAMC and DVA databases are not compatible. Therefore, the nurse case managers rely on the PEBLOs for confirmation of DVA appointments. The Commanding General stated that because procedures were already in place, the implementation of this recommendation is complete.

Our Response

The Commanding General's comments are partially responsive. We acknowledge that the WTB's current procedures for appointment verification – to include weekly meetings with nurse case managers and daily appointment slips from squad leaders – are ways for Warriors to verify their appointment schedules. We also acknowledge and agree that verification of Warrior appointments with the DVA remains a challenge because BAMC and DVA databases are not compatible.

However, it is unclear as to whether these current procedures ensure verification of all types of appointments, to include last-minute scheduling changes and DVA appointments. Therefore, we ask that in response to the final report, the Commanding General provide metrics for three months worth of data showing that those current procedures are mitigating missed appointments. This data should include those appointments made with the DVA through the PEBLOs. If challenges still remain, we ask that he reconsider his response and develop additional procedures for verification of appointments made for Warriors in Transition.

B2. We recommend that the Commanding General, Brooke Army Medical Center, in coordination with the Commander, Warrior Transition Battalion:

a. Develop an operational definition of a successful transition end-state that specifically defines mission accomplishment for Warriors in Transition who are not returning to the force but are transitioning to civilian life. In addition, develop metrics for Warriors in Transition returning to the force or transitioning to civilian life so that (1) a measure of success or failure can be determined as the transition process moves forward, (2) the timeliness of the process can be measured to identify choke points, and (3) necessary adjustments can be made to improve the transition process.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendation. He commented that in lieu of a standardized definition across the Warrior Transition Units, BAMC WTB's operational definition of a successful transition end-state/mission accomplishment for Warriors returning to civilian life is:

> "The WT has received his/her final Physical Evaluation Board/Medical Evaluation Board evaluation findings and has exited the WTB program with a clear transition plan that he/she will continue to take charge of."

The Commanding General further stated that on February 16, 2011, WTB staff plans to conduct an updated mission analysis on transitioning Warriors, specifically identifying metrics to gauge transition progress. He concluded that this will be implemented no later than June 30, 2011.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendation. No further action is required.

b. Establish an appropriate, transparent, and clearly defined process that is implemented consistently to review all Soldiers who are referred for assignment or attachment to the Brooke Army Medical Center Warrior Transition Battalion and admit only those Soldiers in accordance with the "Warrior Transition Unit Consolidated Guidance (Administrative)," March 20, 2009. When an exception or waiver is made to admit a Soldier who does not meet the eligibility criteria, the justification for the exception or waiver should be documented to ensure the transparency of the process.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendation, stating that the WTB maintains a record of all assignments or attachments within its Personnel Administrative Section. He further stated that in accordance with AR 40-400 (Patient Administration) screening criteria and processing, WTU transfer requests must undergo both an administrative and medical screening before the approval process begins. He stated that the WTB Patient Administrative personnel maintain all paperwork when the chain of command grants exceptions or waivers, and that because procedures were already in place, the implementation of this recommendation is complete.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendation. No further action is required.

c. Establish an additional method beyond utilization of current staffing ratios – such as patient medical care complexity – for determining case loads of nurse case managers and primary care managers. As a result, they would be able to more effectively manage the medical cases and provide for the full range of needs of all Warriors in Transition. Once this additional method is established, determine the impact its application will have on current staffing levels and whether additional nurse case manager and primary care manager positions are required. If so, determine whether increased staffing levels can be resourced.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendation. He stated that the large Warrior population and current WTB manning equate to a squad leader to Warrior ratio of 1:10. WTB companies deliberately avoid grouping Warriors with behavioral health and/or medical care complexities into one squad to prevent a squad leader from becoming overburdened with only a few members of his/her squad. The Commanding General further commented that the chain of command carefully considers what the squad leader has already been through (such as a Warrior's death) for Warrior placement in squads to prevent staff burnout. The Commanding General concluded that the implementation of this recommendation is complete.

Our Response

The Commanding General's comments are not responsive. This recommendation addressed establishing an additional method beyond utilization of current staffing ratios for determining patient case loads of nurse case managers and primary care managers. The BAMC response discussed patient case loads of squad leaders. In response to the final report, we request that the Commanding General, Brooke Army Medical Center provide additional comments on this recommendation that are specific to nurse case managers and primary care managers.

d. Develop a mandatory, comprehensive program to provide additional training for nurse case managers that is specific to their needs and provides, at a minimum:

(1) Information on military culture, DOD and Army policies and processes, and Warrior care issues specific to the Brooke Army Medical Center Warrior Transition Battalion;

(2) The skills and knowledge required for effective case management within the Brooke Army Medical Center Warrior Transition Battalion;

(3) The medical education required to handle behavioral health issues, specifically, Traumatic Brain Injury and Post Traumatic Stress Disorder and their management and treatment; and

(4) A comprehensive overview of the services provided at Brooke Army Medical Center within the Traumatic Brain Injury Clinic and the Department of Behavioral Medicine so that nurse case managers can provide knowledgeable assistance to the Warriors in Transition.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendations. He stated that mandatory training is already ongoing within nurse case management. New nurse case managers must go to the BAMC orientation class and take nine automated courses in addition to the mandated training in Army Medical Department Personnel Education and Quality System. The automated training covers two case management modules, Traumatic Brain Injury, Post Traumatic Stress Disorder (PTSD), Neurobiology and Pharmacotherapy for PTSD, and combat stress injuries. Further, the Commanding General stated that nurse case managers also take the two week Army Medical Department Center and School WTU Cadre Course to learn the specifics of working in the unique organizations. He added that once a nurse case manager completes his/her mandatory courses, he/she becomes involved in a preceptor program that teaches the specifics of the BAMC nurse case manager program by shadowing a sponsoring nurse case manager where they apply standardized procedures, polices and operations unique to the system before handling their own caseloads.

Additionally, the Commanding General stated that throughout the year, there are two to three in-services that occur each month with guest subject matter expert speakers who cover new topics or old topics as a refresher. Another course that nurse case management encourages their case managers to take is the Army Nurse Case Management Course. Since there are mandatory training programs for new nurse case managers and additional training is provided throughout the year, the Commanding General stated that the implementation of this recommendation is complete.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendations. No further action is required.

e. Develop procedures to initiate a process to obtain complete medical records for all Warriors in Transition within 30 days of arriving at the Brooke Army Medical Center Warrior Transition Battalion. This may facilitate medical care treatment and prevent unnecessary delays caused by incomplete medical records once a Warrior in Transition is subject to an evaluation board process.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendation. He stated that the WTB is reviewing their existing standard operating procedures to determine if the process for a quicker receipt of medical records needs more refinement. He agreed that procedures to initiate the request for complete medical records within 30 days would allow more time to receive the records; however, he added that this should be determined by the Soldier's projected longevity in the WTB as not all Soldiers who arrive at the WTB will remain for a long period of time. The Commanding General stated that if a Warrior's stay is less than 90 days,

requested records may not arrive in time for their departure, especially in the case of National Guard and Reserve Component Soldiers. Ordering medical records for cases such as burns and amputees, who are most likely to be long-term residents, would be the best population to initiate an early request for records. The Commanding General stated that the completion date for the review and modification to the standard operating procedures (if applicable) will be no later than June 30, 2011.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendation. No further action is required.

f. Improve the occupational therapy process by:

(1) Developing an operational definition of an end state goal and corresponding metrics defining a successful occupational therapy process. Metrics should enable management to determine progress as the occupational therapy process moves forward; measure the timeliness of the process to identify choke points; and make necessary adjustments to improve the process;

(2) Determining the staffing and funding needed to carry out existing programs effectively and increase the development of vocational opportunities in the community to provide work structure that facilitates recovery of Warriors in Transition; and

(3) Assessing the relationship between the occupational therapy program and the Warrior Transition Battalion cadre. Based on this assessment, management should determine whether improved communication and cooperation is necessary and how to achieve this result.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center concurred with the recommendations, stating that in lieu of a standardized operational definition of an end state/goal across the WTUs, BAMC WTB Occupational Therapy (OT) will use the following definition:

> "All Warriors will have completed the OT program with the final product being a viable transition plan with specific, measurable, attainable, realistic, and timely (SMART) goals implemented and being used within the first 30 days in the WTB."

The Commanding General added that metrics to assess this goal will include:

- OT evaluation within 14 days
- WINTAP instruction within 30 days
- Set CTP track within 21-30 days
- Initiate transition plan with SMART goals in at least 3 domains within 21 days
- Follow/up appointments with the Warrior at least every 30 days
- Complete re-evaluation every 90 days

The Commanding General noted that BAMC WTB OT is currently understaffed since some positions – one Occupational Therapist, three Certified Occupational Therapy Assistants, and two Physical Therapy Assistants – are still in the process of being filled. He further stated that they also identified the need for three additional Occupational Therapists (one per company) and one administrative assistant, which would cost approximately $350,500 for personnel ($101,500 per therapist and $46,200 for the administrative assistant) and $50,000 for equipment and evaluation tools.

The Commanding General added that with regard to recommendation B.2.f.(3), their assessment of increased communication could be in the form of cadre questionnaire, climate surveys, or face-to-face inquiry with key cadre personnel. He agreed that their effort to increase communication needs to be an ongoing project and one that includes, but is not limited to:

- Periodic (at minimum quarterly) in-services with cadre regarding the role of OT and available services
- Increased visibility of OT in all company level training meetings
- Increased OT visibility and participation in all Warrior care meetings

The Commanding General stated that the completion date for these procedures would be no later than June 30, 2011.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendations. No further action is required.

Observation C. Challenges – Warrior Transition Battalion

The WTB management and staff appeared to be committed to their mission statement. However, we identified eight challenges that need to be addressed by WTB management to help ensure the most successful and effective care, healing, and transition of Warriors and support for their families.

These challenges included:

- Modifying the CTP process to make it a more meaningful management tool and to ensure the protection of Warriors' personal and medical information
- Applying more carefully and consistently the Army eligibility criteria for individuals considered for assignment or attachment to the WTB
- Determining case loads by the complexity of assigned or attached Warrior's care and needs, rather than by numerical staffing ratios
- Improving the adherence to military standards of good order and discipline, within the context of Warrior's physical impairments
- Ensuring the best organization of squads, platoons, and companies within the WTB that facilitates Warrior healing and transition
- Providing enhanced medical, information technology, and other training to WTB non-commissioned officers prior to and during their WTB assignment
- Developing an alternative approach for handling acute care issues[27] for Warriors who are unable to gain timely access to their primary care manager
- Ensuring that transportation to a new Warrior complex under construction does not hamper Warriors' access to care and services

We believe that addressing these challenges will increase the effectiveness of the WTB management and staff in providing quality and timely care and services in support of the Warrior mission to heal and transition.

Dedication of Warrior Transition Battalion Management and Staff

We observed that the WTB management and staff appeared to be fully committed to providing the best available care and services for helping Warriors heal and transition. For example, one squad leader stated that he made it a personal duty to go the extra mile for each and every one of his Warriors. He also believed a lot of good was done in the battalion, and he found his job "tiresome, but extremely rewarding." Also, when asked how they were assigned to the WTB, many squad leaders stated that they had volunteered. One specifically stated that he volunteered because as a medic, he "liked to take care of people and help them recover."

[27] According to Taber's Cyclopedic Medical Dictionary, 11th Edition, 1970, an acute care issue is defined as an issue that has rapid onset, severe symptoms, a short course, and is not chronic in nature.

Based on our observations, this attitude reflected the overall commitment made by WTB management and staff to the recovery and transition of the Warriors, and their genuine care and concern for the Warriors and their families.

Challenges for Warrior Transition Battalion Management

There were eight challenges that need to be addressed by WTB management to help ensure the most successful and effective care, healing, and transition of Warriors and support for their families. Those challenges are discussed in detail below.

Our assessment results were developed from multiple sources, to include: interviews with BAMC and WTB management, staff, and cadre; interviews with individual Warriors; interviews with groups of Warriors; observations at visited sites; and reviews of relevant documents to determine whether programs for wounded, ill, and injured were managed effectively and efficiently.

Comprehensive Transition Plan

The CTP is a broad look at the current status of a Warrior and the formulation of a program of action aimed to help the Warrior move from one stage of his/her transition to the next. The Warrior was to provide initial input on his/her goals in 5 clinical self-assessment categories,[28] 12 non-clinical self-assessment categories,[29] and the Warrior's desired transition status. A plan was then formulated to help guide the Warrior on a path to receive medical care and achieve transition with the help of the squad leader, nurse case manager, primary care manager, social worker, occupational therapist, and other healthcare providers.

Personal Information Contained in Comprehensive Transition Plans

Warrior CTPs contained personal information about each Warrior's self-assessment of their progress in the 5 clinical and 12 non-clinical categories that were to guide them throughout their transition. This information is personal and often protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996.

Recently, the CTP transitioned to an on-line tool using the Warrior Transition Program Army Knowledge Online website. One squad leader mentioned that when he was reviewing a Warrior's CTP online, both he and that Warrior could see every squad member's CTP. Another Warrior emphasized his belief that it was inappropriate for him and his squad leader to review the Warrior's CTP online because he "could see other Soldiers' CTPs along with his."

It is imperative that the WTB management and staff ensure the protection of each Warrior's personal information when staff or other Warriors are reviewing CTPs via the website.

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[28] The 5 categories are activities of daily living, health care, medication, pain, and behavioral health.
[29] The 12 categories are work plan, education, employment, weight control, physical fitness, well being, social, family, financial, housing, administrative support, and transportation.

One Size Fits All

Warriors generally agreed that the CTP was a "check the block" requirement. They also contended that a "cookie cutter approach" for completing a CTP may not apply to all Warriors. Interestingly, several senior enlisted Warriors did not believe the CTP was beneficial for them. However, they felt it would be a good tool for junior enlisted Warriors to help keep those individuals focused.

While Warriors appeared to understand the justification for establishing the CTP, it was suggested that implementation should be on a "case-by-case" or situational basis. One Warrior felt, at the very least, that the CTP process should be modified accordingly to ensure that it is beneficial for all Warriors, as opposed to being a mandated requirement. This Warrior also suggested that conducting a needs assessment of Warriors at the appropriate time in their recovery process to provide data for the CTP may be more beneficial than a forced requirement on all Warriors.

We believe that a situational approach to CTP implementation would also enable squad leaders to gain additional time with their Warriors and provide them with more personalized guidance during the transition process.

Eligibility of Warriors

The issue of accepting Warriors into the program who did not meet the eligibility criteria for assignment or attachment to the WTB, as discussed in Observation B, was also an issue raised by WTB staff. It was stated during a group interview with WTB company cadre that the guidance governing assignment to a WTU was not followed at BAMC, which resulted in the WTB being perceived to have become a "dumping ground" for ill and injured soldiers. This practice may result in diminishing the resources available to Warriors that meet the eligibility criteria.

Further, during a different group interview with "Triad of Care" members, they agreed that it appeared that the WTB was accepting all applicants for assignment to the WTB and the eligibility criteria were often being waived and not applied consistently. It was mentioned during several group meetings that a possible solution would be to reinstate the medical hold and medical holdover units[30] for Advanced Individual Training (AIT) students, Warriors with minor injuries and illnesses, or those who had healed and were waiting evaluation board processing. This approach would enable the WTB to better focus on the seriously wounded, ill, and injured, to include those who were combat wounded.

As stated in Observation B, we did not review the decision process for admitting Soldiers into the WTB. Nevertheless, we believe that deliberate, transparent steps need to be taken to ensure that Warriors accepted into the WTB meet the Army's eligibility criteria. This would ensure that

[30] Medical hold units provide command and control for active component and mobilized reserve component Soldiers who are not medically fit for duty. These units may sometimes be found at Army Military Treatment Facilities, including Army hospitals. Medical holdover units are comprised of two categories: (1) Soldiers who were mobilized to active duty, but who for medical reasons were non-deployable, and (2) Soldiers who were mobilized and deployed but sustained injuries, which make them not fit to return to duty.

the limited resources at the BAMC WTB are fully utilized in support of eligible Warriors and the focus of the WTB remains on Warrior care, recovery, and transition.

Staffing Ratios and Warrior Case Loads

The issue of staffing ratios, as discussed in Observation B, was also an issue discussed by WTB cadre, particularly squad leaders. The squad leader's case load is based on a staffing ratio of 1 squad leader to 10 Warriors. However, squad leaders at the BAMC WTB stated that they did not have enough time to handle their workload because "things change constantly" and "you never know what you'll face with your Warriors day-by-day."

Several squad leaders mentioned that they felt overworked and that the ratio needed to decrease because supporting 10 Warriors was too demanding, especially when, in the case of one squad leader, all 10 of his Warriors were considered high-risk. Another squad leader agreed that ratios should decrease because the numbers of behavioral health patients were continuously increasing, and those patients were extremely time-consuming and high-risk.

Further, one platoon sergeant mentioned during a group interview that the 1:10 ratio of squad leaders to Warriors needed to be revisited because squad leaders were not only addressing the needs of their 10 Warriors but were also supporting Warrior family members and significant others.

A more balanced and manageable approach to Warrior assignments to squads would likely result in more effective care and treatment of Warriors. Assigning Warriors based on the complexity of their condition rather than simple numerical staffing rations, would allow squad leaders additional time to exert their frontline leadership on behalf of their Warriors. The squad leaders could then become more involved with each of their squad members and provide more personalized guidance during the transition process.

Good Order and Discipline

A common theme among many squad leaders and platoon sergeants was the perception that their chain of command was not consistently enforcing military standards of good order and discipline within their units. Warrior Transition Command (Provisional) Policy Memorandum 09-001, "Warrior in Transition (WT) Medical and Military Responsibilities," March 8, 2010, states that despite their individual illnesses or injuries, Warriors remain subject to Army regulations, customs and courtesies, administrative policies, and the Uniform Code of Military Justice. The policy memorandum further states that commanders are responsible for maintaining good order and discipline in WTUs, and are to enforce all applicable Army regulations and policies.

The policy memorandum also states that commanders will do everything possible to assist and enable Warriors to heal and transition successfully and will use their experience and discretion to assess incidents of non-compliance and misconduct on a case-by-case basis. The policy provides commanders the available options of counseling, return to unit, non-judicial punishment, administrative separation, and courts-martial. However, the policy specifically states that the use of illegal drugs will result in mandatory separation processing in accordance with Army

Regulation 635-200,[31] and may result in Uniform Code of Military Justice action, if such action is deemed appropriate by the Soldier's commander.

Squad leaders stated that some of the more common allegations of non-compliance or misconduct committed by Warriors included missing formations, missing appointments, and testing positive for illegal or unauthorized drugs. Squad leaders explained that they handled discipline by preparing counseling statements to document the alleged non-compliance or misconduct, counseling the Warriors regarding their situation, and providing their documentation along with a recommended action to the chain of command. Squad leaders expressed frustration because their recommendations were usually overridden and discipline or punishment was significantly reduced, suspended, or not enforced.

For example, one squad leader stated that a Warrior he inherited from another squad leader had tested positive for illegal drugs on five consecutive drug tests. The Warrior continuously received "slaps on the wrist" until the fifth occurrence, at which time Uniform Code of Military Justice action was taken. However, the Warrior was neither removed from the WTB nor separated from the Army. In another example, the staff of the BAMC TBI Clinic stated that lack of order and discipline can reduce recovery success. They specifically noted the following examples concerning order and discipline:

- there is no "late policy" or punishment for formations, scheduled appointments, or work; therefore, Soldiers show up late
- there is no policy on the wearing of uniforms
- there is no requirement for physical training that Soldiers can handle, given their injuries

Most squad leaders noted that they understood the unique nature of a WTU and believed many Warriors who committed infractions should be handled on a "case-by-case basis, especially for less serious issues." However, they contended that "Warriors are still Soldiers." Most squad leaders maintained that punishment for misconduct should be more readily enforced to maintain good order and discipline within their units. Squad leaders also believed that the lack of punishment for blatant Warrior infractions was affecting squad leader effectiveness and could ultimately be affecting Warrior healing.

Given the unique population of Soldiers in the WTB, in which the staff are committed to the Warriors' medical recovery, we believe that WTB commander guidance and intent should be developed that provides direction as to how good order and discipline will be implemented that is appropriate to achieving the WTB mission. Warrior Transition Command (Provisional) Policy Memorandum 09-001 should be used as a guide for the development of the commander's guidance and intent.

Organization of Units

Squad leaders noted that there might be a better way to organize units to support the care and transition of Warriors. They indicated that Warriors were being assigned to squads on an availability basis, but that arbitrarily placing Warriors in the next available squad may not be the

[31] Army Regulation 635–200, "Active Duty Enlisted Administrative Separations," June 6, 2005.

most beneficial environment for some Warriors. Some of the suggestions from squad leaders regarding how to best organize units included:

- Creating "senior platoon(s)" for officers and senior non-commissioned officers with a squad leader of appropriate rank
- Creating a "fit for duty" unit so Warriors returning to duty can participate in physical training and other activities as they prepare to return to their home unit
- Assigning theater-evacuated wounded, ill, and injured to a separate company
- Separating Warriors by injury because Warriors now perceive their injury as their "new Military Occupational Specialty"
- Separating AIT students from other Warriors

While there were pros and cons mentioned for each of these suggestions, the current organizational structure was often a contentious issue for both squad leaders and Warriors. For example, the need for AIT students to be placed in either a separate squad within the WTU or not be admitted to the WTU at all seemed to be an almost unanimous opinion expressed by squad leaders and Warriors alike.

According to our information, some other WTUs were already organizing their squads differently. For example, the Fort Hood WTU had built separate facilities for combat-wounded Soldiers. In another example, one squad leader in the BAMC WTB stated that he was previously assigned to the Fort Polk WTU where they had a senior platoon, which he believed worked very well.

Exploring different options for the organization of WTUs could be very beneficial in ensuring that Warriors are placed in the most appropriate military setting to facilitate their healing and transition.

Squad Leader Training

Several squad leaders explained that they received a 2-week training course when first arriving at the WTB, and while it was perceived as somewhat beneficial, many believed that a squad leader within a WTU needs more specialized training. Several squad leaders stated that the WTB could reduce some of the training classes provided to squad leaders because of the redundancy of the training material. On the other hand, other squad leaders stated that they could use more training on certain job duties that are particular to being assigned as a squad leader at a WTU, such as enhanced medical training and information technology training. Some of the suggestions from squad leaders on training that would enhance their effectiveness included training on:

- In-processing Warriors into the WTB
- Communicating effectively with Soldiers and families
- Understanding signs of TBI and PTSD
- Learning the roles of the nurse case manager, primary care manager, social workers, and others with whom they had to work effectively
- Recognizing common medications, potential interactions, and symptoms
- Receiving enhanced information technology training for WTU-specific requirements, such as administering the CTP online

We believe that providing additional and ongoing training that strengthens squad leaders' abilities to support accomplishment of the WTB mission is required.

Acute Care for Warriors

Each Warrior was assigned a primary care manager who became the Warrior's medical point of contact, healthcare advocate, and coordinator with other physicians to ensure that the Warrior received the necessary medical treatment. The BAMC WTB staff indicated that Warriors called their nurse case managers when they required medical assistance for an acute care issue that was not part of their routine care or was not an emergency. The nurse case managers then attempted to schedule an appointment for the Warriors to see their primary care manager the same day.

The Warrior had the option of going to the emergency room for care and treatment if the primary care manager was not able to schedule an appointment in an acceptable amount of time. However, the attending emergency room healthcare provider would not likely be aware of the Warrior's particular illnesses or injuries for which the Warrior had been assigned or attached to the WTB. For example, this lack of knowledge may include medical details concerning prescribed medications, which could impact the acute care treatment received by the Warrior.

BAMC WTB staff indicated there were efforts under consideration to establish primary care management teams that would include "physician extenders" – such as physician assistants, nurse practitioners, or nurses – to better manage Warriors' acute care issues.

Until this occurs, we believe that developing an alternative approach for handling acute care issues for Warriors is needed for those who are unable to gain timely access to their primary care manager. For example, dedicating certain hours in the Warrior clinic during which a Warrior could obtain care as a walk-in would assist them with maintaining a consistent relationship with a healthcare provider. This would also assist the healthcare provider to better understand the uniqueness of each Warrior's illness or injury and become better positioned to deliver continuous and comprehensive care.

Construction of New Facilities

The Warrior campus facilities we observed included, but were not limited to, the Center for the Intrepid, Fisher Houses, the Powless Guest House, Warrior barracks, WTB headquarters and company buildings, and the Warrior Family Support Center,[32] all of which were located near the BAMC Military Treatment Facility. However, under the Base Realignment and Closure program, a new Warrior complex – a two-story headquarters and a five-story Warrior barracks – were under construction on the Fort Sam Houston main post.

WTB staff were concerned that the location of this new complex would require Warriors to utilize some form of transportation to get to the existing Warrior campus to access the services at BAMC, use certain facilities such as the Center for the Intrepid or the Warrior Family Support Center, or to visit family who may be staying at the Powless Guest House.

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[32] The Warrior Family Support Center was unique to the BAMC WTB as a one of a kind "home away from home" for Warriors and their families undergoing medical rehabilitation and treatment at BAMC.

The distant location of the new complex from the existing Warrior campus has generated other concerns about future access. One concern was that burn patients who have problems with body temperature regulation might have to wait outside for transportation. Another concern was that amputees in wheelchairs may have to deal with the added burden of handicap-accessible transportation. Still another concern was the increased distance from the new Warrior barracks to the Warrior Family Support Center, which increased the likelihood that Warriors might not be as motivated to utilize this facility because of the added transportation requirement.

Warriors located at the new complex should not be unduly hampered in gaining access to care and services located at the existing medical center campus. Therefore, we believe that the WTB management should proactively plan to address logistical and transportation issues for Warriors that will be located at the new complex.

Conclusion

We briefed BAMC and WTB senior officials at the conclusion of our site visit. The officials acknowledged the challenges they faced at the BAMC WTB and expressed their dedication to finding the right solutions. We believe that as WTB management continues to focus on the challenges described in this report and works to implement the following recommendations, they will improve the operational environment necessary to provide the most effective and efficient care, healing, and transition for Warriors and their families.

Recommendations, Management Comments, and Our Responses

C1. We recommend that the Commander, Warrior Transition Battalion:

a. Improve the use of the Comprehensive Transition Plan by:

(1) Developing improved procedures to ensure that the Comprehensive Transition Plan process is more beneficial and effective for Warriors in Transition;

(2) Investigating the alleged potential disclosures of personal health information when viewing the Comprehensive Transition Plan to determine the associated facts and circumstances and take appropriate action as necessary; and

(3) Developing procedures to ensure the protection of the personal information of Warriors in Transition when their Comprehensive Transition Plans are being accessed and reviewed.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center, responding for the Commander, Warrior Transition Battalion, concurred with the recommendations. He stated that the WTB is reviewing their existing standard operating procedures to determine if the process needs more refinement for greater CTP effectiveness. He added that however, the various aspects of the CTP – such as the Weekly Self-Assessments to the Quarterly Goal-Setting Scrimmage – are only valuable if Warriors put forth effort and take ownership. If Warriors do not annotate accurate

assessments in the 17 categories of his/her healing, transition, and overall well-being, then the reciprocating staff assessment will be of little benefit. He concluded that therefore, the clinical and military leadership will continue encouraging the Warriors to take ownership of their individual plans.

The Commanding General further stated that if there are unauthorized disclosures of personal information, the BAMC Health Information Portability and Accountability Act (HIPAA) Officer would lead an investigation. He noted that the automated CTP was designed to give access only to those Warriors that belong to a staff member, and that squad leaders are limited to their 10 Warriors, platoon sergeants to their 40 Warriors, and case managers to their 20 Warriors. Social workers, Commanders, Army Wounded Warrior advocates, and First Sergeant are also only able to see those Warriors that have been assigned to them. He added that anyone who has access to the automated CTP will be HIPPA certified.

The Commanding General further noted that an improvement to the automated CTP includes multiple viewings are now in list format, so to see all of one Warrior's CTP data, the user has to open up that Warrior's individual CTP page. Other protective measures include staff using privacy screens and waiting to show Warriors their computer monitors only after opening up that Warrior's specific page. Lastly, the Commanding General noted that if a staff member needs to step away from their computer, he/she should remove and carry their Common Access Card with them. The Commanding General stated that the review and modification to the standard operating procedures (if applicable) will be completed no later than June 30, 2011.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendations. No further action is required.

b. Establish an additional method beyond utilization of current staffing ratios for determining case loads of squad leaders by using patient medical care complexity so they are able to more effectively manage the medical cases and provide for the full range of needs of all Warriors in Transition. Once this additional method is established, determine the impact this change will have on current staffing levels and whether additional squad leader positions are required, and if so, determine whether increased staffing levels can be resourced.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center, responding for the Commander, Warrior Transition Battalion, concurred with the recommendation, stating that although the large Warrior population and current WTB manning equate to a squad leader to Warrior ratio of 1:10, WTB companies deliberately avoid grouping Warriors with behavioral health and/or medical care complexities into one squad to prevent a squad leader from becoming overburdened with only a few members of his/her squad. The Commanding General further commented that the chain of command carefully considers what the squad leader has already been through (such as a Warrior's death) for Warrior placement in squads to prevent staff burnout. The Commanding General concluded that the implementation of this recommendation is complete.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendation. No further action is required.

c. Develop and publish Commander's good order and discipline guidance and intent to ensure that Warriors in Transition are placed in the most appropriate environment to facilitate their healing and transition, and that Warriors in Transition and cadre understand the standards by which good order and discipline will be implemented. The Commander should use as a guide for the development of the good order and discipline guidance and intent:

(1) Warrior Transition Command (Provisional) Policy Memorandum 09-001; and

(2) Additional tools deemed appropriate by the Commander (which may include but are not limited to: all-hands meetings, town hall meetings, senior leadership counsels, suggestion box input, and command climate surveys).

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center, responding for the Commander, Warrior Transition Battalion, concurred with the recommendations. He stated that all Warriors are required to read Warrior Transition Command Policy Memorandum 09-001 during in-processing. He added that there are other actions the WTB has implemented to maintain good order and discipline, to include: the WTB holding a Town Hall meeting on the second Wednesday of each month; all company commanders conducting small group sensing sessions on a monthly basis; and distributing a customer satisfaction survey to all Warriors on a quarterly basis to anonymously address concerns. Therefore, the Commanding General concluded that the implementation of this recommendation is complete.

Our Response

The Commanding General's comments are partially responsive. The Commanding General stated that there are actions implemented within the WTB to maintain good order and discipline, to include monthly Town Hall meetings, monthly small group sensing sessions, and quarterly customer satisfaction surveys. However, he did not agree to use these tools to develop and publish the Commander's guidance and intent to ensure that Warriors and cadre understand the standards by which good order and discipline will be implemented within the BAMC WTB. We ask that the Commanding General reconsider his response to the final report for these recommendations with regards to developing and publishing a guidance and intent for good order and discipline within the WTB.

d. Develop a mandatory, comprehensive program to provide additional training for non-commissioned officer cadre (squad leaders) that is specific to their needs and provides, at a minimum:

(1) The skills and knowledge required for in-processing Warriors in Transition into the Brooke Army Medical Center Warrior Transition Battalion;

(2) The medical education required to understand behavioral health issues, specifically, Traumatic Brain Injury and Post Traumatic Stress Disorder, and the signs and symptoms of those behavioral health issues;

(3) The medical education required to understand and recognize common medications, potential interactions, and symptoms;

(4) The communication skills for effectively communicating with Warriors in Transition and their families;

(5) The roles and responsibilities of nurse case managers, primary care managers, social workers, behavioral health specialists, and other specialists and services available to Warriors in Transition; and

(6) The necessary information technology training for the Brooke Army Medical Center Warrior Transition Battalion specific requirements, such as administering the Comprehensive Transition Plan online.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center, responding for the Commander, Warrior Transition Battalion, concurred with the recommendations, stating that the new WTB staff undergoes extensive training to indoctrinate them into the WTB's unique environment. The Warrior Transition Command has a two-week course for all new staff members that covers topics such as roles and responsibilities of various key players, risk effective communication, TBI, PTSD, medical terminology, medications, and the CTP. He added that additional training includes both a BAMC and WTB Cadre orientation, and peer-to-peer support for incoming team members that helps to assist in tasks such as in- and out-processing. Since there are extensive training programs for new staff and additional training is provided throughout the year, the Commanding General stated that the implementation of this recommendation is complete.

Our Response

The Commanding General's comments are partially responsive. The Commanding General's response specifically addresses training that is required of all new staff to the WTB. However, it does not address the areas of additional training that are provided to WTB cadre and staff on a continual basis to assist with their proficiency and on-going training needs. We ask that the Commanding General reconsider his response to the final report for these recommendations with regards to the development of additional training for WTB cadre and staff that is specific to and meets their additional training needs after orientation.

e. Develop a comprehensive transportation plan that includes all logistical requirements for Warriors in Transition and obtain additional transportation assets prior to the completion of the new Fort Sam Houston Warrior in Transition complex.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center, responding for the Commander, Warrior Transition Battalion, concurred with the recommendation. He stated that WTB transportation staff is currently coordinating with 502nd Air Base Wing entities to increase its transportation capability. He added that the request package entails hiring eight full-time and six part-time drivers, obtaining an American Disabilities Act-compliant van, and either 5x15 passenger vans or 5x7 passenger mini-vans. Additionally, the Commanding General stated that the WTB is developing a course of action to leave the mobility challenged and special case Warriors on the BAMC hospital footprint in the old barracks and new company operations facility. He concluded that the implementation for these courses of action will be completed no later than June 30, 2011.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendation. No further action is required.

C2. We recommend that the Commander, Warrior Transition Battalion, in coordination with the Commanding General, Brooke Army Medical Center:

a. Develop an alternative approach for handling acute care issues for Warriors in Transition who are unable to gain timely access to their primary care manager. The alternative approach should be structured so that Warriors in Transition will likely be able to maintain a consistent relationship with a healthcare provider; and

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center, responding for the Commander, Warrior Transition Battalion, concurred with the recommendation, stating that the Warrior in Transition Clinic added a new physician and physician assistant and is awaiting three additional physician assistants to arrive between February and July 2011. He added that the clinic also implemented a sick-call to improve access to acute care in December 2010. The Commanding General stated that the additional personnel gains should be completed no later than July 31, 2011.

Our Response

The Commanding General's comments are responsive and the actions meet the intent of the recommendation. No further action is required.

b. Review alternative unit organizational structures utilized at other Warrior Transition Units (such as the Fort Hood Warrior Transition Unit and its use of separate facilities for combat-wounded Soldiers; and the Fort Polk Warrior Transition Unit and its use of assigning Warriors based on rank to different units) and determine whether changes should be made to the organization of units within the Brooke Army Medical Center Warrior Transition Battalion to improve the operational environment for Warriors in Transition.

Brooke Army Medical Center Comments

The Commanding General, Brooke Army Medical Center, responding for the Commander, Warrior Transition Battalion, did not concur with the recommendation. He stated that BAMC has considered the outlined alternative as a best practice; however, based on the acuity of their patients, the established assignments provide the best support to our patients while being respectful of rank. As a result, the Commanding General stated that they would not be implementing our recommendation.

Our Response

Although the Commanding General did not concur with this recommendation, he stated that he considered the outlined alternatives in our recommendation as best practices, but chose to remain with the current process used to organize Warriors within units because it best supports his patients while being respectful of rank. Therefore, we accept the Commanding General's comments as responsive and as meeting the intent of the recommendation. No further action is required.

Part III – Warriors Speak:
Comments from Warriors in Transition

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Observation D. Warriors Speak

We believe that it is important to give a "voice" to Warriors assigned to the WTB and that including comments made by Warriors themselves could best illustrate their various experiences in the unique WTU mission and environment.

We interviewed 131 Active Component, Army National Guard, and Army Reserve Warriors, both individually and in groups at the BAMC WTB. Those Warriors provided overall positive feedback about the BAMC staff, WTB cadre, and the services provided in support of their care and transition. There was overwhelming agreement from the interviewed Warriors that:

- Equitable access to medical care was provided to Active Component, Army National Guard, and Army Reserve Warriors for the condition(s) that required their assignment or attachment to the BAMC WTB
- Sensitivity to Warriors' wounds, illnesses, and injuries was exhibited by BAMC staff and WTB cadre and, in particular, to those who were diagnosed with TBI and/or PTSD
- Medication safety was infused into the BAMC WTB by BAMC staff and WTB cadre

"A lot of good people at the BAMC WTB were trying to do the right thing," was the consensus of Warriors we interviewed.

Nevertheless, we noted nine common themes from Warrior interviews that we believe require the attention of the BAMC WTB staff. Specifically, Warriors reported that:

- The CTP was considered a "check the block" requirement that was not beneficial for all, and there was a lack of protection of personal information when reviewing CTPs
- Organizational structure of units within the WTB was perceived to have an impact on Warrior healing and transition
- Squad leaders and platoon sergeants should have requisite deployment experience
- There was a perception that incentives and personal benefits existed, which motivated some Warriors to remain in the WTB rather than working to transition out
- There were concerns by some (mostly Army National Guard and Army Reserve Warriors) that they may not have received all of the elective[33] medical care they felt to be necessary
- Access to specialty care was not always timely
- A better process should be implemented to verify appointments made for Warriors
- Non-medical attendant[34] criteria were unclear, processing was inconsistent, and reimbursements were delayed
- There were environmental problems within the BAMC WTB that caused concerns for some Warriors

[33] An elective procedure is any procedure that addresses an issue that is not one of the primary conditions which required assignment to the WTB or any procedure after a medical readiness disposition point has been determined.
[34] When the need arises for non-medical care and assistance during a Warrior's treatment at a medical treatment facility, medical authorities will authorize a non-medical attendant to assist the Soldier.

Warrior Good News

Warriors that were interviewed during our visit provided significantly positive feedback in three specific areas: equitable access to medical care, sensitivity to Warriors' injuries, and medication safety, all of which are discussed below.

Equitable Access to Medical Care

An overwhelming majority of the Active Component, Army National Guard, and Army Reserve Warriors that we interviewed stated that they received equitable access to medical care for the condition(s) that required their assignment or attachment to the BAMC WTB.

One Warrior who had been at the BAMC WTB for approximately four months stated that he hadn't seen any delineation between rank, component (Active Component, Army National Guard, and Army Reserve), or combat versus non-combat wounded Warriors and that "everyone is treated the same – there are no disparities in treatment." The same opinion was expressed during a group interview comprised of junior enlisted Army National Guard Warriors where there was unanimous consent that there was equal access to care and treatment.

One Warrior commented during another group interview that Warriors were "treated based on your injury and that is the way it should be." Another Warrior stated that as a non-combat wounded Warrior, he had not felt discriminated against by any of the staff or cadre or by the other Warriors, especially those who were combat wounded.

Sensitivity to Warrior's Injuries

Warriors that we interviewed felt that BAMC clinical staff and the WTB cadre were sensitive to the Warriors' wounds, illnesses, and injuries and, in particular, to those who were diagnosed with TBI and/or PTSD.

For example, one Warrior stated that his meetings with his social worker were so helpful that they eventually enabled him to recognize that he had PTSD-related symptoms, for which he began receiving treatment. Another Warrior commented that he saw his social worker weekly for PTSD issues, which had supported his getting "to a great point in his life."

Another Warrior commented that as a TBI patient, his TBI case manager helped him tremendously and had been able to arrange an appointment quickly if needed. Further, one Warrior stated that he felt he could go to his nurse case manager for any issue and subsequently lauded both the TBI Clinic and PTSD services for being very helpful on behalf of his recovery.

Medication Safety

Warriors told us that medication safety was infused in the culture within the BAMC WTB by the BAMC staff and the WTB cadre.

One Warrior stated that he felt that both the BAMC management and staff and the WTB cadre were doing all they could do to reduce the chances of Warriors having adverse effects due to pain medications. Another Warrior told a personal story of how he was prescribed a medication at another WTB, which made him forgetful and addicted. After transferring to the BAMC WTB,

he was weaned from this medication, and although he suffered while going through withdrawal, he felt he was better off not being on that particular drug.

A different Warrior told a story about knowing of a Warrior who had died of an accidental overdose while recovering from surgery. He asked to have his own medications reduced during his own recovery period and his doctors respected his wishes. Another Warrior mentioned that his nurse case manager helped to manage his prescriptions and as a result, he had no problems with pain management. He further stated that a list of every prescription he took was attached to the back of his appointment sheet and the list described the dosage, times of day, and interactions for each medication.

Warriors' Concerns

There were nine common themes of concerns we noted from our Warrior interviews. We believe that these concerns require the attention of BAMC WTB management and staff. Warriors' comments about those concerns are expressed in the following paragraphs.

Comprehensive Transition Plans

Warriors largely agreed that the CTP was a "check the block" requirement that was not beneficial for all. In addition, Warriors were concerned about a lack of protection of personal information when reviewing CTPs. This was previously discussed in Observation C.

The following are additional comments provided by Warriors about the CTP:

- A Warrior explained that in his opinion, the CTP was applied across the board, and he felt that it was more of a requirement than a useful tool for recovery.
- During a group interview, a large majority of senior officers and non-commissioned officers believed that the CTP was not helpful for them, but they could see how it could be beneficial for junior enlisted Warriors. Additionally, those Warriors who were returning to duty believed that it wasn't as beneficial for them as it would be for those Warriors who were transitioning out of the Army and back to civilian life.
- A senior non-commissioned officer stated that he was a self-led individual and did not need to be treated like a child. Regarding the CTP, he stated that "self-led guys don't need it."
- During another group interview, Warriors commented that the CTP was too open of a source and could be viewed by people who shouldn't have access to the information.

Organization of Units

Warriors provided multiple comments on how they perceived that unit organization within the WTB had an impact on their healing and transition. Their comments mirrored the thoughts of squad leaders. This was previously discussed in Observation C.

During interviews, Warriors mentioned that they preferred to be assigned with those who had similar injuries, wanted combat wounded with other combat wounded, preferred that recovering officers and non-theater injured have their own companies, and overwhelmingly agreed that AIT students should never be assigned to the WTB.

Specific comments from Warriors concerning unit organization included, but were not limited to the following:

- "I am vehemently opposed to AIT students being permitted to use the facilities at the Center for the Intrepid, because they are a distraction to the healthcare providers. Also, AIT students are required to travel with a 'buddy,' and their travel buddies often smoke, sleep, and hang out in the lounge waiting for their buddy to complete their respective appointments, which is a distraction and needs to be corrected."
- "AIT students and non-combat veterans are mixed with the injured combat veterans, which isn't good. No AIT students should be permitted on the WTB premises."
- "Medical hold-type injuries should not have the same benefits as combat veterans. Combat veterans need to be with combat veterans and others that have 'chewed sand' together, and malingerers need to be identified and removed from the WTB."
- "While there is no perceived difference in the components in terms of care, Warriors 'group up' based on their injuries (e.g., burn patients hang out with other burn patients)."
- "Warriors with like wounds tend to group together, and lesser-wounded Warriors often do not talk to more seriously wounded soldiers. Your injury becomes your new MOS [Military Occupational Specialty]."
- "Warriors that were deployed to Southwest Asia should be separated from those who were not deployed, should be grouped by injury, and officers should be separated from enlisted Warriors."

Cadre Experience

Warriors expressed the importance of squad leaders and platoon sergeants having been deployed so that they could relate better to what the Warriors were experiencing.

Warriors stated during a group interview that it could not be stressed enough that squad leaders must have deployment experience. They believed that leaders without the combat patch were not respected due to the impression or perception that the wars have been going on since 2001 and they have not "done their part." One Warrior stated, "I don't care if you were in Qatar or Kuwait, at least you did something and know what we are going through."

A different Warrior agreed that squad leaders who have not deployed should not be WTB squad leaders because they cannot empathize with the combat veterans. He specifically stated that "senior non-commissioned officers who have not deployed should not be in charge of Warriors in Transition." Further, another Warrior commented that those "who have not chewed sand with us" should not be squad leaders. He referred to squad leaders without previous deployment experience as "avoiding deployment" and was adamant that military leadership in the WTB must have had previous deployment experience in order to be effective.

Incentives to Transition

Warriors indicated that a perception exists that there were incentives and personal benefits not to transition out of the WTB. Warriors' comments included, but were not limited to the following:

- "Some soldiers take advantage of peoples' desire to help by manipulating the system."
- "Several Warriors are 'malingerers' and should not be permitted in the WTB."

- "The length of time some of the Warriors have been here is suspicious. Some Warriors hunt or golf rather than work towards their transition goals."
- "Many people in the battalion have a sense of entitlement and abuse some of the programs available."

Complete Care and Treatment

Some Army National Guard and Army Reserve Warriors were concerned that they may not have received all of the elective medical care they felt to be necessary.

During a group interview with Reservists, several Warriors expressed opinions that the Army was trying to "rush" them out of active service so that the Army would not be required to provide care. One Warrior stated that he had to argue for additional care not directly related to his injury because "it's not what you were brought here for."

Another Warrior agreed with that statement, stating that it was like "pulling teeth" to get evaluated for a condition other than the one that landed him in the WTB. He stated that you are told to "wait until you get out and go to the VA [Veterans Affairs]." It was understood that the cadre were trying to prevent the Guard and Reserve Warriors from "milking the system." However, these Warriors felt that they were allowing one bad apple to spoil the whole bunch, and the ones who were genuinely seeking elective medical care often weren't getting what they needed.

Access to Specialty Care

Access to specialty care (such as behavioral health, pain management, orthopedics, etc.) was not always timely. This was previously discussed in Observation B.

Warriors agreed during a group interview that the behavioral health clinic needed more mental health providers because there simply were not enough available. One Warrior stated that some of his Warrior support staff appointment books were often full, such as his social worker and physical therapist at the hospital and the Center for the Intrepid. Further, another Warrior stated that it took him 6 weeks to get his first appointment to see the plastic surgeon.

Appointment Management

Warriors were concerned that appointments were missed when they were not verified. This was previously discussed in Observation B.

One Warrior stated that "no-show appointments" were sometimes linked to inaccurate information on appointment sheets, as well as incomplete information, since appointments with the DVA were not included on the appointment sheet. Another Warrior felt that appointment sheets were too vague and needed to list room numbers and phone numbers identifying where his appointments were located.

A different Warrior stated that overall he felt good about his relationship with his nurse case manager, but said that sometime there was a lack of communication in verifying his appointments with him and this resulted in those appointments being missed. He felt that many Warriors missed appointments due to "one way communication" from their case managers.

Non-Medical Attendants

It was apparent during multiple interviews that criteria for obtaining a non-medical attendant were unclear, processing was inconsistent, and reimbursements were delayed.

Specifically, during a group interview with officers and non-commissioned officers, they explained that there were vague criteria regarding the use of non-medical attendants, and that it was difficult to understand the required qualifications for those authorized to have a non-medical attendant.

Warriors reported during a separate group interview a general lack of understanding concerning how to obtain authorization for a non-medical attendant and stated that the specific requirements for having one were unknown to them. Another Warrior stated that "there is lack of clarity on exactly what criteria is used to qualify a family member for the non-medical attendant position, and there is little equity in getting support to have one."

Other Warriors reported that their non-medical attendants had issues with receiving their pay. One Warrior stated that his wife was not eligible for the non-medical attendant allowance, but he was not sure why. Another Warrior reported that his only problem while at the WTB was how long it took (reportedly several months) to resolve his non-medical attendant's financial voucher. Further, during a group interview, some Warriors reported having had issues regarding a lapse in pay for their non-medical attendants.

Warriors' Environment

Several Warriors mentioned that there were particular environmental factors within buildings on the Fort Sam Houston installation that posed challenges to their healing and transition.

For example, one Warrior mentioned that he had a concern with noise stimulus in the behavioral health trailers. When he was attending his appointments with his behavioral health specialist, he could hear the opening and closing of an adjacent door that sounded like an ammunition round being chambered, which was distracting for a Warrior receiving counseling for PTSD.

Another Warrior reported that he and a few other Warriors were concerned about force protection at Fort Sam Houston and the close proximity of the gate to the Warrior complex. He said that this caused him and other Warriors anxiety because of their post-traumatic stress condition.

Further, two Warriors expressed concerns that the hospital cafeteria, where many Warriors ate meals, was difficult to maneuver with prosthetics and wheelchairs because it was extremely crowded. In addition, one acknowledged that the crowded environment could cause problems for Warriors suffering from PTSD. One of these Warriors suggested special hours for Warriors that fall into these medical categories, such as extending cafeteria hours 15 minutes before and 15 minutes after normal dining hours, to support Warriors with these diagnoses.

Conclusion

Warriors agreed that the individuals charged with their care and recovery were genuinely concerned about their well being and were trying to provide the right care and assistance during their recovery and transition periods. However, they also expressed concerns about certain aspects of their recovery and transition that we believe warranted specific mention. Because several of these themes were addressed in previous Observations, we are not making formal recommendations about the Warriors' concerns expressed in this Observation. However, we do recommend that the BAMC and WTB management and staff review the concerns voiced by Warriors to more effectively support their healing and transition.

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Appendix A. Scope, Methodology, and Acronyms

We announced and began this assessment on April 16, 2010. The assessment was planned and performed to obtain sufficient and appropriate evidence to provide a reasonable basis for our observations, conclusions, and recommendations, based on our objectives. The team used professional judgment to develop reportable themes drawn from multiple sources, to include interviews with individuals and groups of individuals, observations at visited sites, and reviews of documents.

We visited Brooke Army Medical Center (BAMC) and its subordinate organizations, the Warrior Transition Battalion (WTB) and the Warrior Transition Services (WTS), located at Ft. Sam Houston, Texas, from June 14-25, 2010. The Commander, WTB, reported directly to the Commander, BAMC. The Commander, BAMC, was also the Commander, U.S. Army Medical Department, Southern Regional Medical Command. In addition, the Director, WTS, reported directly to the Commander, BAMC, but provided direct support to the WTB.

During our 2-week site visit, we observed battalion operations and formations; viewed living quarters, campus facilities, and selected operations at the medical center; and examined pertinent documentation. We also performed meetings and interviews – ranging from general officers, unit commanders, staff officers, and cadre, to civilian staff and contractors – as shown below:

- BAMC Commanding General
- BAMC Dep. Cdr. for Administration
- BAMC Dep. Cdr. for Allied Health Services
- BAMC Dep. Cdr. for Clinical Services
- BAMC Dep. Cdr. for Nursing Services
- BAMC Ombudsman
- BAMC Pharmacists
- WTB Commander and Sergeant Major
- WTB Personnel Officer
- WTB Surgeon
- WTB Company Commanders
- WTB First Sergeants
- WTB Platoon Sergeants
- WTB Squad Leaders
- WTS Director
- Marine Corps Detachment Commander and Non-Commissioned Officer-in-Charge
- Marine Corps Detachment Deputy Officer-in-Charge
- Primary care managers
- Nurse case managers
- Chaplains
- Traumatic Brain Injury Clinic Director
- Behavioral Health Clinical Psychologists
- Behavioral Health Licensed Clinical Social Workers
- Occupational Therapists
- Soldier Family Assistance Center Director
- Army Wounded Warrior Program Liaison
- Navy Liaison
- Air Force Liaison
- Veterans Affairs Liaison
- Families of Recovering Service Members

Further, we performed interviews with WTB recovering Service members, to include 74 individual interviews with Army personnel, 9 individual interviews with active duty Marine

Corps personnel, and 9 group interviews with 57 additional Army personnel. The nine group interviews were comprised of the following participants:

- 11 Army Officer/Sr. Enlisted = 4 Active Component, 5 National Guardsmen, 2 Reservists
- 6 Army Officer/Sr. Enlisted = 6 Active Component
- 4 Army Officer/Sr. Enlisted = 4 Reservists
- 7 Army E5 – E7 = 6 Active Component, 1 Reservist
- 6 Army E5 – E7 = 5 National Guardsmen, 1 Reservist
- 4 Army E5 – E7 = 3 Reservists, 1 National Guardsmen
- 5 Army E1 – E4 = 4 Active Component, 1 Reservist
- 8 Army E1 – E4 = 8 National Guardsmen
- 6 Army E1 – E4 = 6 National Guardsmen

We prepared standardized sets of questions that were used during individual and group sessions, which were tailored to the type or group of personnel being interviewed. Those interviews primarily included but were not limited to recovering Service members and members of the Triad of Care - primary care managers, nurse case managers, and squad leaders. The standardized interview questions for these groups included topics such as access to care, use of Comprehensive Transition Plans, responsibilities for Triad of Care members, working relationships amongst the Triad of Care members, and discipline issues within the WTB, among others.

Use of Technical Assistance and Computer-Processed Data

We did not use computer-processed data to perform this assessment. However, analysts from the DOD Office of the Inspector General, Deputy Inspector General for Audit, Quantitative Methods and Analysis Division, used a simple random sample approach to determine the number of Army Warriors in Transition (Warriors) we should interview at the BAMC WTB to obtain a representative sample. The random sample was used to avoid any biases that might have been introduced by selecting interviewees non-statistically.

The analysts used a list of Warriors identified by name, rank, and WTB company assignment (Alpha Company, Bravo Company, Charlie Company, and Headquarters Company), which we obtained from the BAMC WTB. As of May 26, 2010, there were 538 Active Component, Army National Guard, and Army Reserve Warriors at the BAMC WTB, comprising the total population from which we drew our random sample.

The analysts used a program called the Statistical Analysis System and its internal random number generator to assign random values to each individual, then sorted all 538 members into a random number sequence. Using this method, the analysts calculated a sample size of 60 Warriors for individual interviews. The sample size of 60 is based on a 90 percent confidence level, a planned margin of error of 10 percent, and the statistically conservative assumption of a 50 percent error rate.

The team used this approach to first determine whether any reportable themes (noteworthy practices, good news, issues, concerns, and challenges) were identified by those most impacted by their assignment to the WTB, the Warriors. We met with or interviewed others – ranging from general officers, unit commanders, staff officers, and cadre, to civilian staff and contractors

– to corroborate the identified themes or to identify other reportable themes not readily known to the Warriors.

On June 9, 2010, we provided the list of Warriors to be interviewed from our randomly generated sample to the BAMC WTB. With a goal of 60 interviews, we advised the BAMC WTB that those 60 interview slots could be filled with Warriors that were assigned values 1 through 99 in the random order sequence until all interview slots were full. We also advised the BAMC WTB that a justification must be provided for any individuals in that sequence that were unable to attend an interview for mitigating reasons such as convalescent leave, annual leave, medical appointments, physical impairments, logistical constraints, etc. Below are the results from our Warrior's individual interviews at the BAMC WTB.

Of the 99 Warriors statistically selected with random order numbers 1 through 99:

- 56 were interviewed
- 24 were excused
- 19 were not interviewed or excused

The BAMC WTB produced only 56 of the required 60 Warriors shown in the randomly selected sample. Further, the command did not justify the absence of all individuals that were not able to attend their scheduled interviews. Therefore, we interviewed an additional 18 command-selected individuals that were not part of the original 99 randomly selected names. As a result, we interviewed a total of 74 individual Army Warriors at the BAMC WTB. However, we believe that the information obtained from the 56 individuals selected as part of our random sample provided a reasonable indication of the views of the total population.

Acronym List

The following acronyms were used in this report.

AIT	Advanced Individual Training
BAMC	Brooke Army Medical Center
CONUS	Continental United States
CTP	Comprehensive Transition Plan
DVA	Department of Veterans Affairs
HIP	High-Interest Patient
P-MART	Prescription Medication Analysis and Reporting Tool
PTSD	Post Traumatic Stress Disorder
TBI	Traumatic Brain Injury
WINTAP	Warrior in Transition Advancement Program
WTB	Warrior Transition Battalion
WTS	Warrior Transition Services
WTU	Warrior Transition Unit

Appendix B. Summary of Prior Coverage

During the last 5 years, there has been a multitude of prior coverage on DOD and Department of Veterans Affairs (DVA) healthcare services and management, disability programs, and benefits. The Government Accountability Office (GAO), the Department of Defense Inspector General (DOD IG), and the Naval Audit Service have issued 12 reports specific to DOD Warrior Care and Transition Programs. Unrestricted GAO reports can be accessed over the Internet at http://www.gao.gov. Unrestricted DOD IG reports can be accessed at http://www.dodig.mil/PUBS/index.html. Naval Audit Service reports are not available over the Internet.

GAO

GAO Report No. GAO-11-32, "VA Health Care: VA Spends Millions on Post-Traumatic Stress Disorder Research and Incorporates Research Outcomes into Guidelines and Policy for Post-Traumatic Stress Disorder Services," January 24, 2011

GAO Report No. GAO-09-357, "Army Health Care: Progress Made in Staffing and Monitoring Units that Provide Outpatient Case Management, but Additional Steps Needed," April 20, 2009

GAO Report No. GAO-09-31, "Defense Health Care: Additional Efforts Needed to Ensure Compliance with Personality Disorder Separation Requirements," October 31, 2008

GAO Report No. GAO-08-635, "Federal Disability Programs: More Strategic Coordination Could Help Overcome Challenges to Needed Transformation," May 20, 2008

GAO Report No. GAO-08-615, "DOD Health Care: Mental Health and Traumatic Brain Injury Screening Efforts Implemented, but Consistent Pre-Deployment Medical Record Review Policies Needed," May 30, 2008

GAO Report No. GAO-08-514T, "DOD and VA: Preliminary Observations on Efforts to Improve Care Management and Disability Evaluations for Servicemembers," February 27, 2008

GAO Report No. GAO-07-1256T, "DOD and VA: Preliminary Observations on Efforts to Improve Health Care and Disability Evaluations for Returning Servicemembers," September 26, 2007

GAO Report No. GAO-06-397, "Post-Traumatic Stress Disorder: DOD Needs to Identify the Factors Its Providers Use to Make Mental Health Evaluation Referrals for Servicemembers," May 11, 2006

DOD IG

DOD IG Report No. IE-2008-005, "DoD/VA Care Transition Process for Service Members Injured in Operation Iraqi Freedom/Operation Enduring Freedom," June 12, 2008

DOD IG Report No. IE-2008-003, "Observations and Critique of the DoD Task Force on Mental Health," April 15, 2008

Navy

Naval Audit Service Report No. N2009-0046, "Marine Corps Transition Assistance Management Program - Preseparation Counseling Requirement," September 15, 2009

Naval Audit Service Report No. N2009-0009, "Department of the Navy Fisher Houses," November 4, 2008

Appendix C. Reporting Other Issues

We are performing the Assessment of DOD Wounded Warrior Matters at multiple Army locations and plan to report on each location separately. This report focused on whether the programs for the care, management, and transition of Warriors in Transition assigned to the Brooke Army Medical Center (BAMC) Warrior Transition Battalion (WTB), located at Fort Sam Houston, Texas, were managed effectively and efficiently.

We also plan to report on issues, concerns, and challenges that were common amongst most, if not all, Army Warrior Transition Units (WTUs) at the conclusion of our Army site visits. That report or multiple reports will be provided to appropriate organizations to provide information on or identify corrective actions addressing those issues, concerns, and challenges. Those organizations may include but are not limited to the Office of the Deputy Under Secretary of Defense for Wounded Warrior Care and Transition Policy; the Assistant Secretary of the Army for Manpower and Reserve Affairs; the U.S. Army Medical Department, Office of the Surgeon General; and the U.S. Army Medical Command, Warrior Transition Command.

Table 2 below captures issues, concerns, and challenges we identified at the BAMC WTB (with corresponding page references noted) that may likely be included in future assessments and/or additional report(s). We may issue an additional report(s) before the conclusion of our Army site visits if we consider these other matters of interest urgent.

Table 2. Potential Items for Future Assessments and/or Reports

Issue, Concerns, and Challenges	Report Reference(s)
Definition of a Successful Transition End-State for Warriors	Page 20
Eligibility of Warriors for Warrior Transition Units	Pages 21, 36
Staffing Ratios and Warrior Case Loads for Staff and Cadre	Pages 22, 37
Additional Post-Traumatic Stress Disorder and Traumatic Brain Injury Training	Pages 23, 39
Warrior Access to Specialty Care	Pages 23, 53
Medical Records Management for Warriors	Page 25
Occupational Therapy Process for Warriors	Page 25
Comprehensive Transition Plans and Protection of Personal Information	Pages 35, 51
Good Order and Discipline within Warrior Transition Units	Page 37
Organization of Warrior Transition Units	Pages 38, 51
Experience, Selection, and Training of Squad Leaders and other Cadre	Pages 39, 52
Non-Medical Attendant Criteria	Page 54

Appendix D. Army Guidance for Warrior Transition Units

Army guidance for the care and management of Warriors is contained in the "Warrior Transition Unit Consolidated Guidance (Administrative)," March 20, 2009 (hereafter, "Consolidated Guidance"). It was revised in March 2009 to update policies and guidance for the care and management of Warriors. According to the Consolidated Guidance, a Warrior is a Soldier who is assigned or attached to a Warrior Transition Unit (WTU) whose primary mission is to heal.

The Consolidated Guidance addresses specific policy guidance regarding assignment or attachment to a WTU, the process for the issuance of orders to Soldiers, and other administrative procedures for Soldiers being considered for assignment or attachment to a WTU. The publication also summarizes existing personnel policies for family escort, non-medical attendant, housing prioritization, leave, and other administrative procedures for Soldiers assigned or attached to a WTU. Further, it provides information on the Physical Disability Evaluation System for Soldiers processing through this system.

Pertinent Federal statutes, regulations, and other standards governing these programs and services are cited throughout the Consolidated Guidance and are collated in a reference section. The document also states that, previously, there was no overarching Army collective or regulatory administrative guidance for WTUs.

The authority for WTUs is provided by:

- Department of the Army EXORD [Execute Order] 118-07 Healing Warriors, June 21, 2007
- Department of the Army FRAGO [Fragmentary Order] 1 to EXORD 118-07 Healing Warriors, August 16, 2007.
- Department of the Army FRAGO 2 to EXORD 118-07 Healing Warriors, December 14, 2007.
- Department of the Army FRAGO 3 to EXORD 118-07 Healing Warriors, July 1, 2008.

The overview of the WTU program is stated as:

- Vision – to create an institutionalized, Soldier-centered WTU program that ensures standardization, quality outcomes, and consistency with seamless transitions of the Soldier's medical and duty status from points of entry to disposition.
- Goal – to expeditiously and effectively evaluate, treat, return to duty, and/or administratively process out of the Army, and refer to the appropriate follow-on healthcare system, Soldiers with medical conditions.
- Intent – to provide Soldiers with optimal medical benefit, expeditious and comprehensive personnel and administrative processing, while receiving medical care. The Army will take care of its Soldiers through high quality, expert medical care. For those who will leave the Army, the Army will administratively process them with speed and compassion. The Army will assist with transitioning Soldiers' medical needs to the Department of Veterans Affairs for follow-on care.

The objectives of the WTU program are stated as:

- "Address and ensure resolution on all aspects of personnel administration and processing for the WT [a Warrior] from points of entry through disposition, to include processing through the Physical Disability Evaluation System (PDES). Final disposition occurs when the WT is determined/found medically cleared for duty or the PDES process is complete, including appeals."
- "Address and ensure resolution on the administrative aspect of medical management for the WT, including Tri-Service Medical Care (TRICARE) and/or Veterans Health Administration follow on medical care."
- "Address and ensure resolution on command and control (C2), including logistical support, for the WT assigned or attached to garrison units, Medical Treatment Facilities (MTF), Warrior Transition Units (WTU), and Community-Based Warrior Transition Unit (CBWTU).[35]"
- "Address and ensure resolution on the accountability and tracking of the WT in real time as he/she progresses through the WT process and if necessary, the PDES process."

The Mission Essential Task List of the WTU program states that the Army will–

- "Provide Command/Control and Administrative Support (including pay) trained to focus on special needs of WT Soldiers."
- "Provide high quality, expert medical care, and case management support - Primary Care Provider, Case Manager, Behavioral Health, Specialty Providers."
- "Administratively process with speed and compassion those who will leave the Army."
- "Facilitate transition of separating and REFRAD'ing [Release From Active Duty] Soldiers to the VHA [Veterans Health Administration] or TRICARE for follow-on care."

The WTU concept of operations is stated as:

- "Provide Soldiers high-quality living conditions."
- "Prevent unnecessary procedural delays."
- "Establish conditions that facilitate Soldier's healing process physically, mentally, and spiritually."
- "Provide a Triad of Warrior Support that consist of Platoon Sergeant/Squad Leader, Case Manager (CM), and Primary Care Manager (PCM), working together to ensure advocacy for WT Soldiers, continuity of care and a seamless transition in the force or return to a productive civilian life."

[35] Community-Based WTUs are primarily for Reserve Component Soldiers. Community-Based WTU is a program that allows Warriors to live at home and perform duty at a location near home while receiving medical care from the Tri-Service Medical Care network, the Department of Veterans Affairs, or Military Treatment Facility providers in or near the Soldier's community.

Appendix E. Brooke Army Medical Center and Warrior Transition Battalion Comments

DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO
ATTENTION OF

MCHE-WTB

31 January 2011

MEMORANDUM FOR Department of Defense Office of Inspector General, ATTN: Office of the Deputy Inspector General for Special Plans and Operations, 400 Army Navy Drive, Arlington VA 22202-4704

SUBJECT: Response to DODIG Draft Report on Assessment of DOD Wounded Warrior Matters- Fort Sam Houston, Project No. D2010-D00SPO-0209.000, 17 December 2011.

1. Our reply to the subject report is enclosed.

2. Our points of contact are MAJ Jennifer P. Finch, Warrior Transition Battalion Executive Officer, DSN 429-6492 or commercial (210) 916-6492, or Mr Charles Moore, Brooke Army Medical Center Internal Review, DSN 421-4750 or commercial (210) 295-4750 .

Encl

JOSEPH CARAVALHO, JR.
BG, MC
Commanding

Brooke Army Medical Center (BAMC) Reply to
Department of Defense Inspector General (DODIG) Draft Report on Assessment of
DOD Wounded Warrior Matters- Fort Sam Houston,
Project No. D2010-D00SPO-0209.000, 17 December 2011

For the Commanding General, Brooke Army Medical Center

DODIG recommendation B1a. Implement Warrior Transition Command Policy Memorandum 10-033, "Warrior Transition Unit/Community Based Warrior Transition Unit Risk Assessment and Mitigation Policy," June 16, 2010, by:

(1) Developing standard operating procedures for polypharmacy management and medication reconciliations within the Warrior Pharmacy at Brooke Army Medical Center; and

(2) Developing a comprehensive training program for all pharmacy staff and other Brooke Army Medical Center and Warrior Transition Battalion staff, as appropriate, to provide the necessary education and training for the identification and reduction of medication related incidents that could harm Warriors in Transition.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. Brooke Army Medical Center's (BAMC) Sole Provider Committee will meet on 9 February 2011 to develop standing operating procedures for the polypharmacy management. These operating procedures will address (i) polypharmacy operations and responsibility (ii) sole provider responsibilities and (iii) urinalysis in drug testing. The Sole Provider Committee will also address the education and training needs of BAMC and its Warrior Transition Battalion (WTB). Once the education and training needs are identified by the committee, the pharmacy staff will provide the comprehensive training to the BAMC and WTB staff.

BAMC Implementation Date. The Committee will have a completed draft of the polypharmacy management standard operating procedures and identify the training and educational requirements by 31 March 2011.

DODIG recommendation B1b. Establish standards for specialty care appointments that include:

(1) Developing standards of acceptable and unacceptable wait-times for obtaining appointments for specialty care services; and

(2) Obtaining monthly reports from the Chief of Case Management, once the standards are developed and implemented as a result of recommendation B1.b.(1), to ensure that implementation and wait-times can be monitored and managed.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. BAMC has a seven day access to care standards for initial consult. According to Department of Clinical and Health Operations (DCHO) statistics, the WTB is within tolerance 93.5% of the time for 1st Quarter FY11, which is a 13.7% improvement from last quarter. The greatest challenge is that the WT population has increased to almost full WTB capacity (630 Warriors) with more Soldiers requiring access to finite clinical resources.

There were several improvements since the June 2011 inspection. BAMC has increased WTs' access to BH providers. Each company in the WTB now has a dedicated psychiatrist and psychologist in addition to their dedicated Social Workers. Additionally, the Pain Clinic has its largest number of military providers (3) and is considering hiring more civilian providers. Orthopedics has merged with Wilford Hall Medical Center (WHMC) Orthopedics which has increased the number of available providers for various procedures. The Warrior in Transition (WT) Clinic has added a new Physician and Physician Assistant (PA) and is awaiting three additional PAs to arrive between February - July 2011. The clinic also implemented a sick-call process to improve access to acute care in Dec 2010. Lastly, the DCHO is looking at changing appointment scheduling for WT slots to two weeks out in order to decrease unused appointments due to leave/procedures/etc., thereby improving access to care by decreasing the number of unused slots.

BAMC Implementation Date. The majority of improvements have been completed. The new arrival of PAs is expected to occur no later than (NLT) 31 July 2011.

DODIG recommendation B1c. Develop procedures for verification of appointments made for Warriors in Transition. The procedures should ensure that when appointments are scheduled, an acknowledgement is received from the Warrior in Transition and documented for those appointments.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. Procedures are already in place for the verification of appointments. WTs have a weekly meeting with their nurse case managers (NCMs) where the NCMs give the WTs their appointment sheets and have them sign a copy for filing. Additionally, squad leaders print out and review appointment slips daily with the WTs to account for changes and serve as a reminder. A challenge remains with Veterans Affairs (VA) Appointments since BAMC and VA appointment databases are not compatible. Therefore, the NCMs rely on the Physical Evaluation Board Liaison Officers (PEBLOs) for confirmation of VA appointments.

BAMC Implementation Date. Complete.

DODIG recommendation B2a. Develop an operational definition of a successful transition end-state that specifically defines mission accomplishment for Warriors in Transition who are not returning to the force but are transitioning to civilian life. In addition, develop metrics for Warriors in Transition returning to the force or transitioning to civilian life so that (i) a measure of success or failure can be determined as the transition process moves forward, (ii) the timeliness of the process can be measured to identify choke points, and (iii) necessary adjustments can be made to improve the transition process.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. In lieu of a standardized definition across the Warrior Transition Units (WTUs), BAMC WTB's operational definition of a successful transition end-state/mission accomplishment for WTs returning to civilian life is: "The WT has received his/her final Physical Evaluation Board (PEB) / Medical Evaluation Board (MEB) evaluation findings and has exited the WTB program with a clear transition plan that he/she will continue to take charge of." On 16 Feb 2011, WTB staff plans to conduct an updated mission analysis on transitioning WTs, specifically identifying metrics to gauge transition progress.

BAMC Implementation Date. NLT 30 June 11.

DODIG recommendation B2b. Establish an appropriate, transparent, and clearly defined process that is implemented consistently to review all Soldiers who are referred for assignment or attachment to the Brooke Army Medical Center Warrior Transition Battalion and admit only those Soldiers in accordance with the "Warrior Transition Unit Consolidated Guidance (Administrative)," March 20, 2009. When an exception or waiver is made to admit a Soldier who does not meet the eligibility criteria, the justification for the exception or waiver should be documented to ensure the transparency of the process.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. WTB maintains a record of all assignments or attachments within its Personal Administrative Section. WTU Transfer requests must undergo both an administrative and medical screening, before the approval process begins in accordance with AR 40-400 (Patient Administration) screening criteria and processing. WTB Patient Administrative personnel maintain all the paperwork when the chain of command grants exceptions or waivers

BAMC Implementation Date. Complete.

DODIG recommendation B2c. Establish an additional method beyond utilization of current staffing ratios – such as patient medical care complexity – for determining case loads of nurse case managers and primary care managers. As a result, they would be able to more effectively manage the medical cases and provide for the full range of needs of all Warriors in Transition. Once this additional method is established, determine the impact its application will have on current staffing levels and whether additional nurse case manager and primary care manager positions are required. If so, determine whether increased staffing levels can be resourced.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. The large WT population and current WTB manning still equate to a Squad Leader (SL) to WT ratio of 1:10. WTB companies deliberately avoid grouping WTs with behavioral health and/or medical care complexities into one squad to prevent a SL from becoming overburdened with only a few members of his/her squad. Additionally, the chain of command carefully considers what the SL has already been through (like a WT death) for WT placement in squads to prevent staff burnout.

BAMC Implementation Date. Complete.

DODIG recommendation B2d. Develop a mandatory, comprehensive program to provide additional training for nurse case managers that is specific to their needs and provides, at a minimum:

(1) Information on military culture, DOD and Army policies and processes, and Warrior care issues specific to the Brooke Army Medical Center Warrior Transition Battalion;

(2) The skills and knowledge required for effective case management within the Brooke Army Medical Center Warrior Transition Battalion;

(3) The medical education required to handle behavioral health issues, specifically, Traumatic Brain Injury and Post Traumatic Stress Disorder and their management and treatment; and

(4) A comprehensive overview of the services provided at Brooke Army Medical Center within the Traumatic Brain Injury Clinic and the Department of Behavioral Medicine so that nurse case managers can provide knowledgeable assistance to the Warriors in Transition.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. Mandatory training is already ongoing within Nurse Case Management (NCM) and consists of various topics. New NCMs must go to the BAMC Orientation class and must take nine NCM automated courses in addition to the mandated training in Army Medical Department (AMEDD) Personnel Education & Quality System (APEQs). The NCM automated training specifically cover two case management modules, Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), Neurobiology & Pharmacotherapy for PTSD, and Combat Stress Injuries. NCMs also take the two week AMEDD Center and School WTU Cadre Course to learn the specifics of working in the unique organizations. Once a NCM completes his/her mandatory courses, he/she becomes involved in a preceptor program that teaches the specifics of the BAMC NCM Program by shadowing a sponsoring NCM. NCMs get to apply the standardized procedures, polices and operations unique to the system before handling their own caseloads. Additionally, throughout the year, there are two to three in-services that occur each month with guest subject matter expert speakers who cover new topics or serve as a refresher. Monthly VTCs keep training current with new guidance. Another course that the NCM department encourages their case managers to take is the Army Nurse Case Management Course.
BAMC Implementation Date. Complete.

DODIG recommendation B2e. Develop procedures to initiate a process to obtain complete medical records for all Warriors in Transition within 30 days of arriving at the Brooke Army Medical Center Warrior Transition Battalion. This may facilitate medical care treatment and prevent unnecessary delays caused by incomplete medical records once a Warrior in Transition is subject to an evaluation board process.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. The WTB is looking into their existing SOPs to determine if the process needs more refinement for a quicker receipt of medical records with a completion date of 30 June 11. Procedures to initiate the request for complete medical records within 30 days would allow more time to receive the records; however, this should be determined on the projected Soldier's longevity in the WTB. Not all Soldiers who arrive at the WTB will remain in the BN for a long period of time. If they stay less than 90 days, requested records may not arrive in time for their departure, especially in the case of National Guard and Reserve Component Soldiers. Ordering medical records for only cases such as burns and amputees, who are most likely to be a long-term resident, would be the best population to initiate an early request for records.

BAMC Implementation Date. The completion of the review and modification to the SOP (if applicable) will be completed NLT 30 June 2011.

DODIG recommendation B2f. Improve the occupational therapy process by:

(1) Developing an operational definition of an end state goal and corresponding metrics defining a successful occupational therapy process. Metrics should enable management to determine progress as the occupational therapy process moves forward; measure the timeliness of the process to identify choke points; and make necessary adjustments to improve the process;

(2) Determining the staffing and funding needed to carry out existing programs effectively and increase the development of vocational opportunities in the community to provide work structure that facilitates recovery of Warriors in Transition; and

(3) Assessing the relationship between the occupational therapy program and the Warrior Transition Battalion cadre. Based on this assessment, management should determine whether improved communication and cooperation is necessary and how to achieve this result.

Command Comments.

BAMC Action Taken or Planned. Concur with comments. In lieu of a standardized operational definition of an end state/goal across the WTUs, BAMC WTB Occupational Therapy (OT) will use the following definition: "All Warriors will have completed the OT program with the final product being a viable transition plan with specific, measurable, attainable, realistic, and timely (SMART) goals implemented and being used within the first 30 days in the WTB." Metrics will include:

1. OT evaluation within 14 days
2. Warrior in Transition Advancement Program (WInTAP) instruction within 30 days
3. Set Comprehensive Transition Plan (CTP) track within 21-30 days
4. Initiate transition plan complete with SMART goals in at least 3 domains within 21 days
5. Follow/up appointments with WT at least every 30 days
6. Complete re-evaluation every 90 days

BAMC WTB OT is currently understaffed since the following Table of Distribution and Allowances (TDA) positions are still in the process of being filled: one Occupational Therapist (OTR), three Certified Occupational Therapy Assistants, and two Physical Therapy Assistants. We also identified the need for three additional OTRs (one per company) and one administrative assistant, which would cost approximately $350,500 for personnel ($101,500 per OTR and $46,200 for Admin Assistant) and $50,000 for equipment and evaluation tools.

Assessment of increased communication could be in the form of cadre questionnaire, climate surveys, or the less formal method of face-to-face inquiry with key cadre

personnel. The effort to increase communication needs to be an ongoing project and one that includes, but is not limited to:

- Periodic (at minimum quarterly) in-services to cadre regarding available OT services and the role of OT in the WTB.
- Increased visibility of OT in all company level training meetings .
- Increased OT visibility and participation in all Warrior care meetings such as the TRIAD and scrimmages.

BAMC Implementation Date. NLT 30 June 2011.

For the Commander, Warrior Transition Battalion

DODIG recommendation C1a. Improve the use of the Comprehensive Transition Plan by:

(1) Developing improved procedures to ensure that the Comprehensive Transition Plan process is more beneficial and effective for Warriors in Transition;

(2) Investigating the alleged potential disclosures of personal health information when viewing the Comprehensive Transition Plan to determine the associated facts and circumstances and take appropriate action as necessary; and

(3) Developing procedures to ensure the protection of the personal information of Warriors in Transition when their Comprehensive Transition Plans are being accessed and reviewed.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. The WTB is looking into their existing SOPs to determine if the process needs more refinement for greater CTP effectiveness with a completion date of 30 June 11. However, the various aspects of the Comprehensive Transition Plan, from the Weekly Self-Assessments to the Quarterly Goal-Setting Scrimmage, are only valuable if WTs take ownership and put effort into them. If Warriors do not annotate accurate assessments in the 17 categories of his/her healing, transition, and overall well-being (such as a pain and financial issues), then the reciprocating Staff's assessment will be of little benefit. Therefore, the clinical and military leadership will continue encouraging the WTs to take ownership of their individual plans.

If there are unauthorized disclosures of personal information, the BAMC Health Information Portability and Accountability Act (HIPAA) Officer would lead an investigation. Currently, the Automated Comprehensive Transition Plan (aCTP) was designed to give access only to those WTs that belong to a Staff member: Squad Leaders are limited to their 10 Warriors, Platoon Sergeants to their 40 Warriors and Case Managers to their 20 Warriors. Social Workers, Commanders, AW2 Advocates,

and First Sergeant are also only able to see those Warriors that have been assigned to them. Anyone who has access to the aCTP will be HIPPA certified.

An improvement to the aCTP is that multi viewings are in list format, so to see all of the Warrior's aCTP data, the user has to open up that Warrior's individual aCTP page. Other protective measures include Staff using privacy screens and waiting to show WTs their computer monitors only after opening up that WT's specific aCTP page. Lastly, if the staff member needs to step away from the computer, he/she should remove and carry their CAC card with them.

BAMC Implementation Date. The completion of the review and modification to the SOP (if applicable) will be completed NLT 30 June 2011.

DODIG recommendation C1b. Establish an additional method beyond utilization of current staffing ratios for determining case loads of squad leaders by using patient medical care complexity so they are able to more effectively manage the medical cases and provide for the full range of needs of all Warriors in Transition. Once this additional method is established, determine the impact this change will have on current staffing levels and whether additional squad leader positions are required, and if so, determine whether increased staffing levels can be resourced.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. Although the large WT population and current WTB manning still equate to a SL to WT ratio of 1:10, WTB companies deliberately avoid grouping up WTs with behavioral health and/or medical care complexities into one squad to prevent a SL from becoming overburdened with only a few members of his/her squad. Additionally, the chain of command carefully considers what the SL has already been through (like a WT death) for WT placement to prevent staff burnout.

BAMC Implementation Date. Complete.

DODIG recommendation C1c. Develop and publish Commander's good order and discipline guidance and intent to ensure that Warriors in Transition are placed in the most appropriate environment to facilitate their healing and transition, and that Warriors in Transition and cadre understand the standards by which good order and discipline will be implemented. The Commander should use as a guide for the development of the good order and discipline guidance and intent:

(1) Warrior Transition Command (Provisional) Policy Memorandum 09-001; and

(2) Additional tools deemed appropriate by the Commander (which may include

but are not limited to: all-hands meetings, town hall meetings, senior leadership counsels, suggestion box input, and command climate surveys).

Command Comments.

BAMC Action Taken or Planned. Concur with comment. All Warriors are required to read the WTC Policy Memorandum 09-001 during in-processing. There are other actions WTB has implemented to maintain good order and discipline. Every month the BAMC WTB holds a Town Hall meeting on the second Wednesday of each month. All company commanders conduct small group sensing sessions on a monthly basis. Lastly, quarterly, a customer satisfaction survey is distributed for all Warriors to anonymously address concerns.

BAMC Implementation Date. Complete.

DODIG recommendation C1d. Develop a mandatory, comprehensive program to provide additional training for non-commissioned officer cadre (squad leaders) that is specific to their needs and provides, at a minimum:

(1) The skills and knowledge required for in-processing Warriors in Transition into the Brooke Army Medical Center Warrior Transition Battalion;

(2) The medical education required to understand behavioral health issues, specifically, Traumatic Brain Injury and Post Traumatic Stress Disorder, and the signs and symptoms of those behavioral health issues;

(3) The medical education required to understand and recognize common medications, potential interactions, and symptoms;

(4) The communication skills for effectively communicating with Warriors in Transition and their families;

(5) The roles and responsibilities of nurse case managers, primary care managers, social workers, behavioral health specialists, and other specialists and services available to Warriors in Transition; and

(6) The necessary information technology training for the Brooke Army Medical Center Warrior Transition Battalion specific requirements, such as administering the Comprehensive Transition Plan online.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. New WTB staff undergoes extensive training to indoctrinate them into the battalion's unique environment. The Warrior Transition Command has a two week course for all new staff members. This

covers topics to include roles and responsibilities of various key players, risk effective communication, TBI, PTSD, medical terminology, medications, and CTP. Additional training includes both a BAMC and WTB Cadre Orientation. Peer-to-peer support for in-coming team members helps to assist in tasks such as in-processing and out-processing.

BAMC Implementation Date. Complete.

DODIG recommendation C1e. Develop a comprehensive transportation plan that includes all logistical requirements for Warriors in Transition and obtain additional transportation assets prior to the completion of the new Fort Sam Houston Warrior in Transition complex.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. Currently WTB transportation is coordinating with 502nd Air Base Wing entities to increase its transportation capability. The request package entails hiring eight full time drivers and six part time drivers while obtaining an ADA compliant van and either 5 x 15 passenger (PAX) vans or 5 x 7 PAX mini-vans. Additionally, WTB is developing a course of action to leave the mobility challenged and special case WTs on the BAMC hospital footprint in the old barracks and new company operations facility (CoF).

BAMC Implementation Date. No later than 30 June 2011.

DODIG recommendation C2a. Develop an alternative approach for handling acute care issues for Warriors in Transition who are unable to gain timely access to their primary care manager. The alternative approach should be structured so that Warriors in Transition will likely be able to maintain a consistent relationship with a healthcare provider.

Command Comments.

BAMC Action Taken or Planned. Concur with comment. The WT Clinic has added a new Physician and Physician Assistant (PA) and is awaiting three additional PAs to arrive between February - July 2011. The clinic also implemented a sick-call to improve access to acute care in December 2010. This new organization and the additional physician proved to be effective.

BAMC Implementation Date. The personnel gains should be completed NLT 31 Jul 11.

DODIG recommendation C2b. Review alternative unit organizational structures utilized at other Warrior Transition Units (such as the Fort Hood Warrior Transition Unit and its use of separate facilities for combat-wounded Soldiers; and the Fort Polk Warrior Transition Unit and its use of assigning Warriors based on rank to different units) and determine whether changes should be made to the organization of units within the Brooke Army Medical Center Warrior Transition Battalion to improve the operational environment for Warriors in Transition.

Command Comments.

BAMC Action Taken or Planned. Do not concur with comment. BAMC has considered the outlined alternative as a best practice; however, based on the acuity of our patients, the established assignments provide the best support to our patients while being respectful of rank.

BAMC Implementation Date. Not applicable.

Special Plans & Operations

Provide assessment oversight that addresses priority national security objectives to facilitate informed, timely decision-making by senior leaders of the DOD and the U.S. Congress.

General Information

Forward questions or comments concerning this assessment and report and other activities conducted by the Office of Special Plans & Operations to spo@dodig.mil

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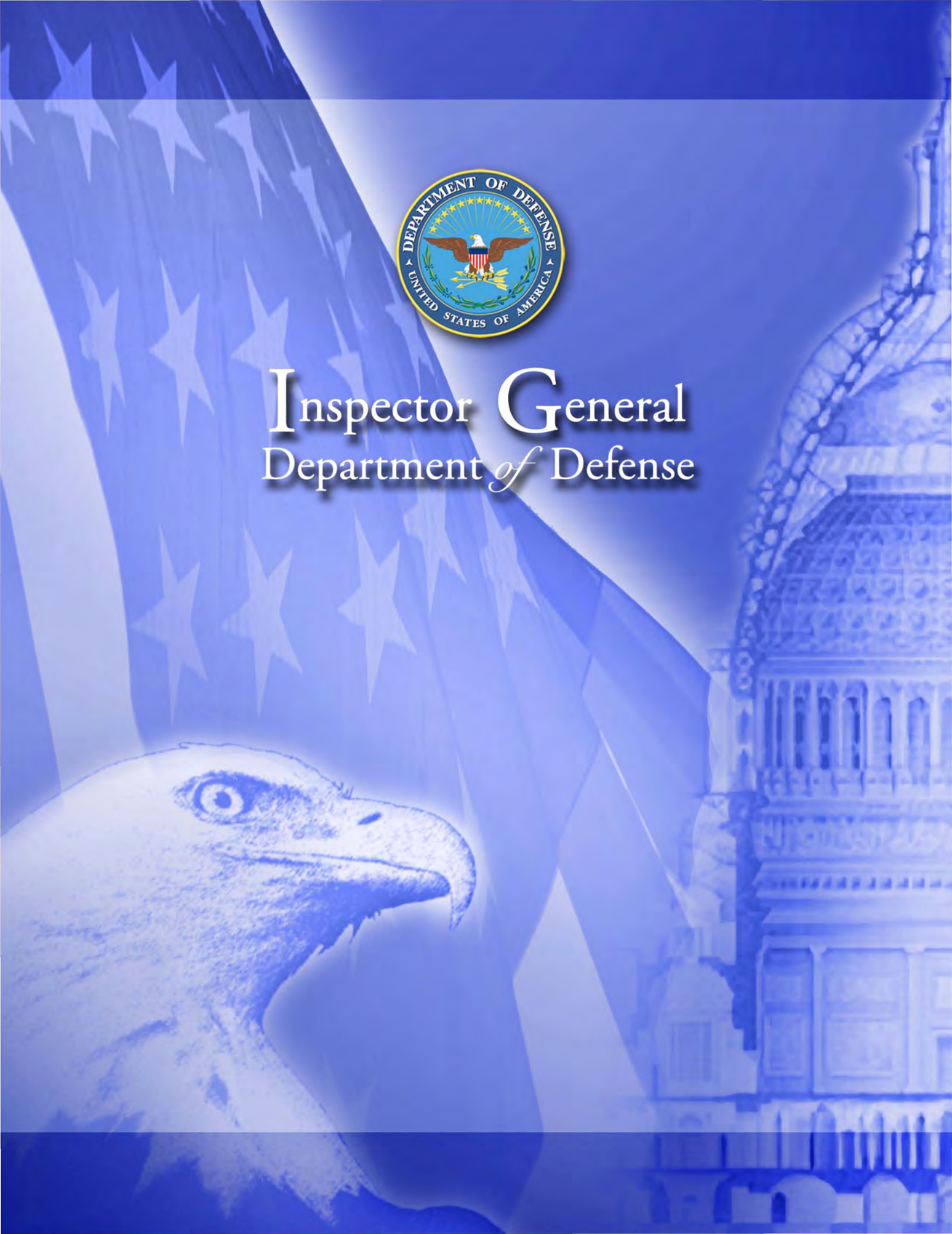

Inspector General
Department of Defense